



11/28/2025

SUMMARY CASHLESS CLAIM WITH EXCESS REPORT

AltReg-SubAcc : 2025102799700004-001

Reference No : 3000090638

Policy ID : F469-OPUPEA-00000

Policy Holder : PUTRA PERKASA ABADI PT,

Provider Name : RS MITRA KELUARGA GRAND WISATA

Date Received : 27-Oct-2025

Check # : 102-25112702

No.	ID/Name	ClaimNo	Claim Type	Date of Service FromTo	Billed	Payable To Provider	Eligible Benefit	Not Payable	Code
1	Subscriber: PUEA-43720 / DWI SIWI NUR BUDIANI Claimant: PUEA-43720/DWI SIWI NUR BUDIANI	2025102799700005	Inpatient	14-10-202519-10-2025					
			INP-SURG INTERMEDIAT (PER DIS)		97,734,782.00	90,292,052.00	90,292,052.00	0.00	ELG-12
			INP-MISCELLANEOUS (PER DIS)		9,434,600.00	9,434,600.00	4,421,535.00	5,013,065.00	NPA-09X
			INP-SPECIALIST CONS (PER DAY)		2,260,000.00	2,260,000.00	2,260,000.00	0.00	
			INP-ROOM & BOARD (PER DAY)		3,250,000.00	458,260.00	458,260.00	0.00	ELG-12
			INP-DOCTOR'S VISIT (PER DAY)		165,000.00	165,000.00	165,000.00	0.00	
			INP-MISCELLANEOUS (PER DIS)		11,128,683.00	11,128,683.00	11,128,683.00	0.00	
			INP-DOCTOR'S VISIT (PER DAY)		1,040,000.00	558,350.00	558,350.00	0.00	ELG-12
			SUB TOTAL :		125,013,065.00	114,296,945.00	109,283,880.00	5,013,065.00	

Notes: NOT COVERED
Tagihan Ekse Klaim
1. Total perawatan tagih Rp 125.013.065 Manfaat =
120.000.000 Ekse 5.013.065

ELG-12 : PROVIDER'S DISCOUNT APPLIED

NPA-09X : EXS-EXCESS CAUSED MAX LIMIT

GRAND TOTAL : 1 CLAIM(S)

125,013,065.00

114,296,945.00

109,283,880.00

5,013,065.00

Please be advised that a bill for the excess of claim would be sent to your employer's attention to settle the above excesse

Kantor Pusat:
World Trade Centre 3
Jalan Jenderal Sudirman Kav. 29-31
Jakarta Selatan 12920, Indonesia
Corporate Number : +62 21 2926 8888

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Excess of claim payment please transfered to :
PT. Asuransi Allianz Life Indonesia
Bank HSBC Cabang World Trade Center Jakarta
8707888800008028 (IDR-Excess of Claim)

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OP_CLAIM_CASHLESS_SUM_EXS
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OP_CLAIM_CASHLESS_SUM_EXS
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