

11/28/2025

## SUMMARY CASHLESS CLAIM WITH EXCESS REPORT

AltReg-SubAcc	: 2025102799700004-001			Provider Name	: RS MITRA KELUARGA GRAND WISATA					
Reference No	: 3000090638			Date Received	: 27-Oct-2025					
Policy ID	: F469-OPUPEA-00000			Check #	: 102-25112702					
Policy Holder	: PUTRA PERKASA ABADI PT,									
No.	ID/Name	ClaimNo	Claim Type	Date of Service From	To	Billed	Payable To Provider	Eligible Benefit	Not Payable	Code
1	Subscriber: PUPEA-43720 / DWI SIWI NUR BUDIANI Claimant: PUPEA-43720/DWI SIWI NUR BUDIANI	2025102799700005	Inpatient	14-10-2025	19-10-2025					
				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 Ekses Klaim 1. Total perawatan tagih Rp 125.013.065 Manfaat = 120.000.000 Ekses 5.013.065									
ELG-12	: PROVIDER'S DISCOUNT APPLIED			GRAND TOTAL :	1 CLAIM(S)	125,013,065.00	114,296,945.00	109,283,880.00	5,013,065.00	
NPA-09X	: EXS-EXCESS CAUSED MAX LIMIT									

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

1

 OP CLAIM CASHLESS SUM EXS  
PAR:F469/102-25112702/2025102799700005

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 transferred to :

PT. Asuransi Allianz Life Indonesia  
Bank HSBC Cabang World Trade Center Jakarta  
8707888800008028 (IDR-Excess of Claim)

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2

OP CLAIM CASHLESS SUM EXS  
PAR:F469/102-25112702/202510279970005

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## SUMMARY CASHLESS CLAIM WITH EXCESS REPORT

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3

OP CLAIM CASHLESS SUM EXS  
PAR:F469/102-25112702/202510279970005

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