



PMCare SDN BHD
GUARANTEE LETTER REQUEST FORM



TO: PMCare SDN BHD, NO.1, JALAN USJ 21/10, UEP SUBANG JAYA, 47630 SELANGOR.
CARELINE NO. : 03 8026 7799
CARELINE FAX NO. : 03-8023 9999
EMAIL ADDRESS : gl@pmcare.com.my

FROM: NAME OF REQUESTOR/MEMBER : _____
DEPARTMENT/BRANCH/UNIT : _____
TELEPHONE NO. : _____ **FAX NO. :** _____

INFORMATION ON EMPLOYEE AND PATIENT

Name of Employee	:	
PMCare Membership No.	:	
Employee IC No.	:	
Name of Patient	:	
Name of clinic issuing Referral Letter	:	
Name of hospital/specialist referred to	:	
Name of doctor you wish to meet	:	
Diagnosis	:	
Date of consultation/admission	:	

Reason for seeking treatment: *(please tick whichever appropriate)*

For Admission	<input type="checkbox"/>	First visit <i>(Please attach Referral Letter from CIMB panel GP)</i>	<input type="checkbox"/>
For Consultation	<input type="checkbox"/>	Follow-up visit <i>(Please attach Appointment Letter)</i>	Outpatient <input type="checkbox"/>
			Post Admission <input type="checkbox"/>
	<input type="checkbox"/>	Executive Screening	<input type="checkbox"/>

Notes:

- Please complete this form and fax together with your Referral Letter or Appointment Letter to PMCare Sdn Bhd at least a day before the consultation or admission.
- Your Guarantee Letter (GL) shall only be issued by PMCare Sdn Bhd within fourteen (14) days prior to the consultation or admission date. Please take note that:-
 - For Admission, GL is valid for one (1) admission and not including post admission follow up.
 - For Outpatient visit, GL is valid for one (1) visit only.
- Your GL shall be faxed to the hospital / specialist clinic indicated.
- Please indicate fax no. / email address if you require copy of GL to be extended to you.

Fax to: a) Office _____

b) House _____

c) Email address _____