MCOcare SDN BHD **(f.k.a MEDICOVER SDN BHD (1028557-W)**
No 21-2, Jln SP1, Selayang Point, 68100 Batu Caves, Selangor
Tel : 03 6126 7888 Fax : 03 2050 2776 | enquiry@mcocare.com | www.mcocare.com

CLAIMS SUMMARY

All clinic panel must send to us summary claims follow this sample :

Name clinic : _____

Code clinic : _____

Payable to : _____ Account number : _____

Bank name : _____

No	Staff No	Patient Name	Amount
		TOTAL	

I hereby confirm only this amount **RM** _____ request for claims to MCOcare Sdn. Bhd. for this month _____

_____ _____

(Name & Clinic Stamp) (Date submission)