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

REIMBURSEMENT FORM FOR INSURANCE/NON INSURANCE

Types Claims

☐ OP SPECIALIST TREATMENT ☐ FOLLOW UP TREATMENT

☐ DAILY CLAIM ALLOWANCE (DCA) ☐ OTHERS _____

PATIENT PARTICULARS

Staff Name

Staff No/NRIC

Contact No.

Email

Employee No.

Bank /Account No.

CLAIM PARTICULARS

BIL	CLINIC/HOSPITAL VISIT	PATIENT'S NAME	DIAGNOSIS	BILL NO	AMOUNT
			TOTAL		

* Please attach all original bills and send to:
Mcocare Sdn.Bhd (f.k.a Medicover Sdn.Bhd (1028557-w) No 21-1 Jln SP1, Selayang Point, 68100 Batu Caves,Selangor.

Verified by, Name : Position : Date :	 Employee's Signature : Date :

Check list for submit the document:

- ***Reimbursement form*** ( ) ***- Original Bill*** ( )
- ***Discharge note from hospital*** ( ) ***- Original Receipt*** ( )

For MCOcare use only :

☐ Approved ☐ Reject
Reason :_____