



PMCARE SDN BHD
GUARANTEE LETTER REQUEST FORM
FOR MATERNITY (DELIVERY)
CIMB INVESTMENT BANK BERHAD



TO: PMCARE SDN BHD, NO.1, JALAN USJ 21/10, UEP SUBANG JAYA, 47630 SELANGOR.

CARELINE NO. : 1 300 88 6868

CARELINE FAX NO. : 03-8023 9999

EMAIL ADDRESS : gl@pmcare.com.my

FROM: NAME OF REQUESTOR/MEMBER : _____

DEPARTMENT/BRANCH/UNIT : _____

TELEPHONE NO. : _____ FAX NO. : _____

EMAIL ADDRESS : _____

INFORMATION ON EMPLOYEE AND PATIENT

Name of Employee	:	
PMCare Membership No.	:	
Employee IC No.	:	
Name of Patient	:	
Name of Hospital	:	
Diagnosis	:	
Date of admission	:	

Notes:

1. Please complete this form and fax together with your Admission Letter to PMCare Sdn Bhd as early as possible before admission.
2. Your Guarantee Letter (GL) shall only be issued by PMCare Sdn Bhd within fourteen (14) days prior to the admission date.
3. Your GL shall be faxed to the hospital.
4. Please indicate fax no. if you require copy of GL to be extended to you.

Fax to: Office

House

Others (please specify) _____

Fax No.: _____