



Penang Adventist Hospital Charity Application Form

... Making a Difference in People's Lives

Operated by Adventist Hospital & Clinic Services (M) (255697-M)

Charity Office, Penang Adventist Hospital, 465 Jalan Burma, 10350 Penang, Malaysia

Tel: (604) 222 7604/7605 Email: charity@pah.com.my

Website: <http://www.pah.com.my>

Patient's Name: _____

Hospital No: _____ Application No: _____ Profile: _____

TERMS AND CONDITIONS:

The applicant must agree to all terms and conditions stated below:

- Release to press, relevant authorities, charity bodies, foundations and or not-for-profit organisations information and all attached documents and photos as is provided with this application form.
- Use of photographs of heart/charity patients and their families for present and future use in brochures, websites, and other forms of publicity.
- Committees have the right to approve/reject the application with or without informing reasons to patient/family.
- Approval/Rejected letter shall be issued within 14 days to applicant once final decision from the committee is obtained.
- Applicants must agree to be present in press conferences/events/activities held before and after surgery.
- All charity applicants must submit application form two weeks from the date form is issued out. If no sufficient document provided, medical welfare officer has the right to terminate/delay the application.
- All patients must submit application form and relevant documents prior to surgery.
- All information submitted must be true and accurate. If found out to be false or misleading, we shall reserve the right to terminate the application immediately; or in the event the funds granted has been disbursed, we reserve the right to withdraw any excess funds and demand the return of the disbursed funds.
- Charity assistance will only be granted upon full settlement of the medical bills.
- There is no refund available if the amount of charity assistance exceeds the total outstanding amount.
- The fund is strictly for paying the medical bill, and shall not be transferable to any other applicant or converted to cash.
- All information and documents submitted shall be treated Private & Confidential.
- Except as expressly authorized by this Agreement, applicant may not use, alter, copy, distribute, transmit, or derive another cards/approval letter to be passes on to another person in order to obtain discounts from Penang Adventist Hospital. Approval shall be terminated with immediate effect.

☐ Dr. J Earl Gardner Fund ☐ Patient Heart Fund ☐ Cancer Fund ☐ Welfare Fund ☐ Recycling Fund

APPLICANT'S PARTICULARS

Name:	Relationship:
NRIC No:	Occupation:
Contact No:	Monthly Income:
Home Address:	

PATIENT'S PARTICULARS				
Name:		Age:	Gender:	
NRIC/Birth Cert No:		DOB:	Race:	
Marital Status:		<i>If divorced, since when?</i>		
Residential Address:				
Contact No:				
Occupation:		Year of Service:		
Company Name:		Monthly Gross Salary:		
(If retired/unemployed, please state)				
Last Employment Position & Company Name:		Year of retirement/stop working:		
Reason of Retirement/Quit:		Last Drawn Salary:		
ASSETS:				
EPF Account 1/Emas (RM):		EPF Account 2/55 (RM):		
Total Bank Savings (RM):		Fixed Deposit (RM):		
HOUSING/VEHICLE:				
Type of House:	Model of Vehicle:		Model of Vehicle:	
Year of Purchase/Year of Stay:	Year of Purchase:		Year of Purchase:	
Purchase Price/Rental:	Purchase Price:		Purchase Price:	
Monthly Instalment:	Monthly Instalment:		Monthly Instalment:	
IMMEDIATE FAMILY'S BIODATA				
Relationship	Name	NRIC/Birth Cert No	Age	Contact No
Father				
Mother				

FAMILY'S FINANCIAL INFORMATION (Siblings/ Spouse & Children) *Please state according to seniority

FAMILY DETAILS	PATIENT	FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3
Relationship				
Name				
Gender				
NRIC No				
Age				
Contact No				
Marital Status				
No. of Children				
OCCUPATIONAL DETAILS:				
Occupation				
Company/ School				
Monthly Salary				
Employer Name				
Contact No				
Spouse's Occupation				
Spouse's Salary				
ASSETS:				
EPF Account 1/ Emas				
EPF Account 2/ 55				
Total Bank Savings				
Fixed Deposit				
HOUSING:				
Type of House				
Year of Purchase/ Stay				
Purchase/ Rental Price				
Monthly Instalment				
VEHICLES:				
Model of Car				
Year of Purchase				
Purchase Price				
Monthly Instalment				
Model of Motorcycle				
Year of Purchase				
Purchase Price				
Monthly Instalment				
MONTHLY COMMITMENTS:				
Home Loan/ Rental				
Car/Motorcycle Loan				
Insurance				
Child Education				
Family Care				
Food				
Transportation/ Petrol				
Water & Electric				
HP & Internet				
Other Expenditure				
TOTAL EXPENDITURE:				

Please indicate a dash (-) if not applicable

FAMILY'S FINANCIAL INFORMATION (Siblings/ Spouse & Children) *Please state according to seniority

FAMILY DETAILS	FAMILY MEMBER 4	FAMILY MEMBER 5	FAMILY MEMBER 6	FAMILY MEMBER 7
Relationship				
Name				
Gender				
NRIC No				
Age				
Contact No				
Marital Status				
No. of Children				
OCCUPATIONAL DETAILS:				
Occupation				
Company/ School				
Monthly Salary				
Employer Name				
Contact No				
Spouse's Occupation				
Spouse's Salary				
ASSETS:				
EPF Account 1/ Emas				
EPF Account 2/ 55				
Total Bank Savings				
Fixed Deposit				
HOUSING:				
Type of House				
Year of Purchase/ Stay				
Purchase/ Rental Price				
Monthly Instalment				
VEHICLES:				
Model of Car				
Year of Purchase				
Purchase Price				
Monthly Instalment				
Model of Motorcycle				
Year of Purchase				
Purchase Price				
Monthly Instalment				
MONTHLY COMMITMENTS:				
Home Loan/ Rental				
Car/Motorcycle Loan				
Insurance				
Child Education				
Family Care				
Food				
Transportation/ Petrol				
Water & Electric				
HP & Internet				
Other Expenditure				
TOTAL EXPENDITURE:				

Please indicate a dash (-) if not applicable

REFEREE'S INFORMATION:

Applicant must provide names of two referees to support the application. The Referee should be a reputable and good standing citizen of Malaysia or applicant's country of residence (eg. Yang Berhormat or Head of Rukun Tetangga) and must not be related to the applicant.

First Reference:

Referee: _____

Position: _____ Tel No: _____

NRIC: _____ Office Address: _____

Official Stamp & Signature

Witnessed by:

Referee: _____

Position: _____ Tel No: _____

NRIC: _____ Office Address: _____

Official Stamp & Signature

DOCTOR'S RECOMMENDATION

Doctor's Name: _____

Diagnosis: _____

Official Stamp & Signature

Patient recommended for surgery: ☐ Yes ☐ NoSurgery / Procedures: _____

Prognosis/Complications: _____

DECLARATION

- I hereby authorize the committee and their appointed representatives to administer all monies collected on my behalf in relation to the above application. This includes all monies collected via news agency in relation to this application.
- I also agree that excess monies (after deduction of expenses for surgery) collected on my behalf be returned to the committee to be utilized as they deem fit.
- I further agree not to collect or appoint any agent to collect on my behalf any monies in relation to funds needed for my surgery from the public from this date onwards.
- I grant permission to the committee and appointed representatives to publish all necessary information about myself in printed media (i.e. newspapers, brochures) in order to solicit funds from the public for financial assistance towards the surgery and/or treatment after the surgery.
- I request for financial assistance through the Penang Adventist Hospital charity for my medical expenditure at Penang Adventist Hospital.
- I affirm that the information contained herein is true and correct. I also authorize the committee and their appointed representatives to investigate and obtain any information from any source that the committee and their appointed representatives may require in connection with this application without reference to me. This application form remains the property of the committee regardless of the outcome of this application without assigning any reason.
- I have read the above Terms & Conditions and agree to comply. I give my permission to be investigated or provide information to Medical Welfare Officer, under the terms outlined above. I understand that if I have any questions or concern regarding this application procedure, I can contact Medical Welfare Officer at Penang Adventist Hospital at 04-2227200.
- I understand that the committee, in its absolute and unfettered discretion, may withdraw the approval, with or without reason by giving 14 days' written notice to the applicant.
- I understand that the data provided are confidential and are protected and regulated under the Personal Data Protection Act 2010 and Malaysian Medical Council Guideline 002/2006. I agree and consent to the collection of my data and that the data provided shall be accessed by Penang Adventist Hospital and its employees and be used for the purposes including but not limited to my medical evaluation, treatment and patient care, referral to or by other specialists whenever required, internal review, billing process and correspondences, insurance or civil claims, standard data processing and any or other purposes arising out of the normal course of my patient care in and with Penang Adventist Hospital.
- I acknowledge that I may have to provide information about third parties including my family members and hereby ensure that in the course of so doing I shall obtain their consent. I undertake to indemnify and hold harmless and defend Penang Adventist Hospital against all claims and demands for damages, losses, or costs arising out of or resulting from the information of third parties that I herein provide.

Signature: (Patient/Applicant)

Name:

NRIC No.:

Contact no:

Signature: (Witness)

Name:

NRIC No.:

Contact no:

DOCUMENTS REQUIRED

- ☐ Copy of patient and family's NRIC/birth cert
- ☐ Recent 3 months' pay slip of patient & immediate family
- ☐ If no payslip, letter of confirmation from superior, "J" form/ EA form
- ☐ Recent EPF statement of patient & immediate family
- ☐ Recent 3 months' bank statement & credit card statement of patient & immediate family
- ☐ Recent fixed deposit statement of patient & immediate family (if applicable)
- ☐ Copy of sales & purchase agreement/grant for vehicles, houses, lands
- ☐ Copy of house/room rental bill (if applicable)
- ☐ Monthly instalments for car and house payments (if applicable)
- ☐ Recent 3 months' electricity & water bills (patient's house)
- ☐ Recent 3 months' HP & Internet bills (patient's house)
- ☐ Doctor's Referral Letter (If doctor's recommendation is not filled)
- ☐ Medical Reports (If not sought treatment at PAH previously)
- ☐ Charitable Organization/NGO Referral Letter (if applicable)
- ☐ Borrowings - proof in form of bank transactions/commissioner of oath (if applicable)

****Please note that if complete documents are not provided to the officer, we reserve the right not to proceed with the application unless with good reason.***