

**MEMBERS' CORPORATE BENEFIT AND PRIVILEGE**

ORGANISATION	BENEFITS / PRIVILEGES					TERMS & CONDITIONS																																																																																					
<p><b>IHEAL Medical Centre</b> Level 7 &amp; 8, Annexe Block, Menara IGB, Mid Valley City, Lingkaran Syed Putra, 59200 Kuala Lumpur</p> <p><b>Corporate Identification</b></p> <p>To be entitled to the corporate rates, Members are required to write to <a href="mailto:corpcom@maicsa.org.my">corpcom@maicsa.org.my</a> for MAICSA membership verification during office hours only.</p> <p>MAICSA employees/members must present proof of employment/membership during registration to be eligible for the corporate rates.</p>	<p align="center"><b>Corporate Health Screening Programme</b></p> <table border="1"> <thead> <tr> <th data-bbox="526 304 808 405">PACKAGE</th> <th data-bbox="815 304 958 405">MAICSA BASIC MALE</th> <th data-bbox="965 304 1108 405">MAICSA BASIC FEMALE</th> <th data-bbox="1115 304 1323 405">MAICSA ESSENTIAL MALE</th> <th data-bbox="1330 304 1525 405">MAICSA ESSENTIAL FEMALE</th> </tr> </thead> <tbody> <tr> <td data-bbox="526 410 808 480"><b>Corporate Rate MAICSA 2025</b></td> <td align="center" data-bbox="815 410 958 480">RM 299</td> <td align="center" data-bbox="965 410 1108 480">RM499</td> <td align="center" data-bbox="1115 410 1323 480">RM 899</td> <td align="center" data-bbox="1330 410 1525 480">RM 999</td> </tr> <tr> <td colspan="5" data-bbox="526 485 1525 536"><b>Consultation</b></td> </tr> <tr> <td data-bbox="526 541 808 611">Consultation with Medical officer</td> <td align="center" data-bbox="815 541 958 611">√</td> <td align="center" data-bbox="965 541 1108 611">√</td> <td align="center" data-bbox="1115 541 1323 611">√</td> <td align="center" data-bbox="1330 541 1525 611">√</td> </tr> <tr> <td colspan="5" data-bbox="526 616 1525 667"><b>Radiological Tests</b></td> </tr> <tr> <td data-bbox="526 671 808 716">Chest X-Ray</td> <td align="center" data-bbox="815 671 958 716">√</td> <td align="center" data-bbox="965 671 1108 716">√</td> <td align="center" data-bbox="1115 671 1323 716">√</td> <td align="center" data-bbox="1330 671 1525 716">√</td> </tr> <tr> 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976 808 1021">ABO Grouping</td> <td align="center" data-bbox="815 976 958 1021">√</td> <td align="center" data-bbox="965 976 1108 1021">√</td> <td align="center" data-bbox="1115 976 1323 1021">√</td> <td align="center" data-bbox="1330 976 1525 1021">√</td> </tr> <tr> <td data-bbox="526 1026 808 1070">Renal Profile</td> <td align="center" data-bbox="815 1026 958 1070">√</td> <td align="center" data-bbox="965 1026 1108 1070">√</td> <td align="center" data-bbox="1115 1026 1323 1070">√</td> <td align="center" data-bbox="1330 1026 1525 1070">√</td> </tr> <tr> <td data-bbox="526 1075 808 1120">Lipid Profile</td> <td align="center" data-bbox="815 1075 958 1120">√</td> <td align="center" data-bbox="965 1075 1108 1120">√</td> <td align="center" data-bbox="1115 1075 1323 1120">√</td> <td align="center" data-bbox="1330 1075 1525 1120">√</td> </tr> <tr> <td data-bbox="526 1125 808 1169">Liver Function Test</td> <td align="center" data-bbox="815 1125 958 1169">√</td> <td align="center" 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report</b></p> <p>Upon the completion of the Corporate Health Screening programme for MAICSA's staff/members, the report will be generated and collected by the staff/members. Collection on behalf will require the "Authorisation Letter" signed by the staff/member.</p> <p><b>Payment method</b></p> <ul style="list-style-type: none"> <li>• By Cash</li> <li>• By Cheque - Cheque must be made payable to <b>iHEAL Medical Services Sdn Bhd</b></li> <li>• Online transfer or direct bank in: Bank Name: CIMB BANK BERHAD Bank Address: Ground Floor (External) Zone I, Lot G(E)-004, Megamall Mid Valley Lingkaran Syed Putra, 58000 Kuala Lumpur</li> <li>• Account Name: IHEAL MEDICAL SERVICES SDN BHD</li> <li>• Account Number: 80-0130891-5</li> </ul>
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ORGANISATION	BENEFITS / PRIVILEGES				TERMS & CONDITIONS	
	Urine Analysis	√	√	√	√	<ul style="list-style-type: none"> <li>Swift Code: CIBBMYKL</li> </ul> <p>Kindly scan and email a copy of the remittance slips/advice to the following email: <a href="mailto:finance@ihealmedical.com">finance@ihealmedical.com</a></p> <p>This offer is extended to immediate family members (spouse/children/parent/parents-in-law) of members/staff of MAICSA. Employee card/letter stamped by MAICSA to be shown as proof during registration.</p> <p>Outpatient (OP) Clinic Fees will be charged accordingly to the staff/member for any of the OP procedures requested by the staff/member.</p> <p><b>Validity</b> Corporate Programme offers are valid from 15 March 2025 until 14 March 2026.</p>
	Hepatitis A Screening			√	√	
	Hepatitis B Screening			√	√	
	Hepatitis C Screening			√	√	
	VDRL	√	√	√	√	
	Helicobacter Pylori Antibody			√	√	
	HIV I and II Screening	√	√	√	√	
	<b>Tumour Makers</b>					
	AFP (Liver Cancer)			√	√	
	CEA (Colon and Rectal Cancer)			√	√	
	Total PSA (Prostate Cancer for Male)			√		
	Ca 125 (Ovarian Cancer for Female)				√	
	Ca 19.9 (Pancreatic Cancer)			√	√	
	Pap Smear (Female)		√		√	
	<b>Cardio-Respiratory Tests</b>					
	Electrocardiogram (ECG)	√	√	√	√	
	<b>Other Assessments</b>					
	Blood Pressure Assessment	√	√	√	√	
	Pulse Oximeter (Blood oxygen saturation)	√	√	√	√	
	Visual Test	√	√	√	√	

ORGANISATION	BENEFITS / PRIVILEGES					TERMS & CONDITIONS
	Color Blindness Test	√	√	√	√	
	<b>Registration Fees</b>	√	√	√	√	