

Care for Better Health

1RF19-0080328/1F19-0114569
BS0004105920
MR
00583326
MR

Page 1 of 2
Location PHMB
Date/Time 08-APR-2019 01:24
Admission Date 07-APR-2019 23:34

Date	Item Code	Description	Quantity	Amount (Rp)
Admin Fee				
08/04/19	ADM003	ADMINISTRASI IGD	1	60,000
IP-Bed Charges				
08/04/19	RR086A	SEWA RUANG IGD 1 4 JAM	1	200,000
Lab Services				
07/04/19	L010365	Hematologi Rutin+Diff	1	130,000
08/04/19	L050102	Urine Lengkap	1	86,000
Medication				
	PANL1001	PANLOC 40 MG INJ	1	218,295
	KETO1005	KETOROLAC TROMETHAMINE 30 MG/ML 3% INJ	1	22,275
	NACL1002	NACL 0.9% 25 ML :::	1	6,831
	KETE1006	KETESSE 25 MG TAB	6	71,280
	RENA1006	RENALOF 325MG CAP	6	98,904
OP-Consultation				
07/04/19	CO013B	KONSULTASI DOKTER UMUM-IGD	1	180,000
Retail				
08/04/19	R0104013	IV CATHETER SAFETY NO. 20	1	71,775
	R0102092	TEGADERM 1633 /DRESSING TRANSPARAN I.V LINE DEWASA	1	20,097
	R0109045	SYRINGE 10 ML	1	11,644
	R0109044	SYRINGE 5 ML	1	8,932
	R0109045	SYRINGE 10 ML	1	11,644
	R0109044	SYRINGE 5 ML	1	8,932
	R0104014	IV CATHETER SAFETY NO. 22	3	215,325
TOTAL				1,421,934
PATIENT ROUNDING				-34
NET PAYABLE				1,421,900
PAID BY				
BCA Debit				1,421,900

Reference : SELF
ONE MILLION FOUR HUNDRED TWENTY-ONE THOUSAND NINE HUNDRED

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Care for Better Health

Invoice No 1RF19-0080371/1F19-0114623
Visit No. BS0004106134
Patient MR
PRN 00583326
Payer MR

Page 1 of 1
Location PHMB
Date/Time 08-APR-2019 09
Admission Date 08-APR-2019 07

Date	Item Code	Description	Quantity	Amount (Rp)
		Admin Fee		
08/04/19	ADM002	PASIEN LAMA	1	40,000
		Jasa Operator Radiology		
08/04/19	RAD189	CT UROLOGI TANPA KONTRAS * (RAD189)	1	684,250
		OP-Consultation		
08/04/19	CO018	KONSULTASI DOKTER SPESIALIS UROLOGI (TAUFIK RAKHMAN TAHER, SpU)	1	250,000
		Pemakaian Alat Radiology		
08/04/19	RAD189A	CT UROLOGI TANPA KONTRAS * (ALAT)	1	3,225,750
		Procedures		
08/04/19	ME016	USG GINJAL (TAUFIK RAKHMAN TAHER, SpU)	1	495,000
		TOTAL		4,695,000
		NET PAYABLE		4,695,000
		PAID BY		
		Mandiri Credit		4,695,000

Reference : SELF
FOUR MILLION SIX HUNDRED NINETY-FIVE THOUSAND

Tange 08-APR-2019

IAWAN
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Tanda tangan pasien/Penanggu Jawab
Patient Sign/Guarantor

1. Invoice ini merupakan tanda terima pembayaran resmi, setelah distempel oleh kasir
This is an official payment receipt, upon cashier stamp
2. Barang yang sudah dibeli tidak dapat ditukar/dikembalikan
Change or return after purchase are not allowed
3. Untuk rawat jalan, harga item instalasi farmasi termasuk PPN
VAT is included for pharmacy item (s) prices on outpatient treatment
4. Untuk rawat inap, item instalasi farmasi tidak dikenai PPN
Pharmacy item (s) is not subjected to VAT on inpatient treatment

N.P.W.P: 02.275.900.5-411.000

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Page 2 of 2
Location PHMB
Date/Time 08-APR-2019 01:24
Admission Date 07-APR-2019 23:34

Date	Item Code	Description	Quantity	Amount (Rp)
			Tangerang,	-2019

Tanda tangan pasien/Penanggung Jawab
Patient Sign/Guarantor
Date
Pay

IHSUBONO
Cashier

1. Invoice ini merupakan tanda terima pembayaran resmi, setelah distempel oleh kasir
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N.P.W.P: 02.275.900.5-411.000

PT. PELITA RELIANCE INTERNATIONAL HOSPITAL

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