KPJ HEALTHCARE **KPJ KLANG**
SPECIALIST HOSPITAL

INFORMATION TECHNOLOGY SERVICES
NEW/ REVISE CHARGE CODE FORM

Requestor		
Name:	Request Date:	
Services:	Sign:	Remarks:
Purpose:		

STD CHARGE CODE	DESCRIPTION	INV (Y/N)	IP ACCT CODE	OP ACCT CODE	SST OUT CODE	REV DEPT	OLD PRICE				NEW PRICE			
							IP PRICE	OP PRICE	COST PRICE	LAST UPDATE	IP PRICE	OP PRICE	COST PRICE	EFF. DATE

Approval		Update Price		
Reviewed by Accountant	**Approved by CEO/ OM**	**Updated By IT**	**Verified By**	**Confirmed by Requestor**
Name :	Name :	Name :	Name :	Name :
Sign :	Sign :	Sign :	Sign :	Sign :
Date :	Date :	Date :	Date :	Date :