# ----------------------------------------------REKAP BIAYA PELAYANAN KESEHATAN

----------NO KUITANSI---------------------------------------: ${no\_receipt}

----------NOMOR MEDIK-------------------------------------: ${medical\_record}

----------NOMOR EPISODE-----------------------------------: ${episode}

----------NAMA PENJAMIN----------------------------------: ${penjamin}

----------NAMA PASIEN--------------------------------------: ${nama\_pasien}

----------PERIODE PENGOBATAN-------------------------: TGL ${created\_at}

|  |  |  |
| --- | --- | --- |
| **NO** | **KETERANGAN** | **JUMLAH (Rp.)** |
| ${n0} | ${ket0} | ${jum0} |
| ${n2}  ${n3}  ${n4}  ${n5} | ${ket2}  ${ket3}  ${ket4}  ${ket5} | ${jum2}  ${jum3}  ${jum4}  ${jum5} |
| **JUMLAH YANG HARUS DIBAYAR** | | ----------------------**${price\_ful}** |

Surabaya , ${date\_mmm}

MENGETAHUI,---------------------------------------------------------------------------------------DIBUAT OLEH,

# Maya Fransisca -------------------------------------------------------------------------------------- ${user\_name}

SUPERVISOR AR------------------------------------------------------------------------------------STAFF AR