# ----------------------------------------------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.)** |
| 1 | Biaya rawat inap | ----------------------${price} |
| 2 | Discount 3% total bill | ----------------------- (${discount}) |
| **JUMLAH YANG HARUS DIBAYAR** | | ----------------------**${price\_ful}** |

Surabaya , ${date\_mmm}

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

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

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