

KWITANSI PAYMENT RECEIPT

Nomor Kwitansi

: KRJ/2023/00084849

Payment Receipt Number

Tanggal Kwitansi

12-Aug-2023 | 19:34:00

Payment Receipt Date

Sudah Diterima Dari

ANNI SUWARDI, NY.

Received From

Uang Sejumlah

Rp 540,000.00

Amount

Terbilang

Amount in Word

LIMA RATUS EMPAT PULUH RIBU RUPIAH

FIVE HUNDRED AND FORTY THOUSAND RUPIAH

Keterangan

(00-55-21-16) ANNI SUWARDI, NY. | NOP/20230812/00830 | Klinik Spesialis Bedah Orthopedi &

Remarks

Traumatologi

THANK YOU

Jakarta 2 Apg-2023

Melayani Dengan Setulus Hati

RS. CAROLUS GNCB 2

DI SALEMBA RAYA NO 41

NO SIGNATURE REQUIRED

TID: 10320922

BATCH: 000303

TOTAL

AP: UISA

DATE: 12/08/2023

REF NO:000011035603

AID: A0000000031010

TC:90108E00B1777FB0

MFRCHANT COPY

CARD TYPE: VISA OffUS

**** **** 0802 DIP

MID:001999189239

TRACE NO: 016853

APPR CODE: 090974

Rp 540.000 TVR:8080048000

[IG0623013/74423553]

TIME: 19: 34: 05

TSI:7800

0/GR/01.82s

Agus Priyano

CU-1



Rumah Sakit St. Carolus

Jalan Salemba Raya No. 41

Jakarta 10440 Phone : +6221 - 390 4441

Fax

INVOICE

Transaction Detail

(NPWP:)

Patient Name

: ANNI SUWARDI, NY.

Date of Birth

: 02-Jul-1972

Medical No

: 00-55-21-16

Registration No

Date

: NOP/20230812/00830

Service Unit / Class

Corporate Account No

: Klinik Spesialis Bedah Orthopedi & Traumatologi | Kelas Rawat Jalan

Registration Date

: 12-Aug-2023

Room / Bed No

Registered Physician

: dr. JB. ENDROTOMO SUMARGONO, Sp.OT(K) Corporate

: PERSONAL

Referrer Physician

Item Name

Discharge Date

TRANSACTION

Class **Personal Amount**

Charges Qty

Date	Item Name	Charges Qty	Class	Personal Amount	Corporate Amount
OUTPATIENT	Klinik Spesialis Bedah Orthopedi & Tra	umatologi	***************************************	***************************************	***************************************
Pelayanan A	dministrasí				
12-Aug-2023	Administrasi Rawat Jalan	1,00 X	Kelas Rawat Jalan	100,000.00	0,00
3		Sub Total Pelayan	an Administrasi	100,000.00	0.00
Pelayanan K	onsultasi dan Visit Dokter Spesialis				
12-Aug-2023	Konsultasi Dokter Sub Spesialis - URJ	1.00 X	Kelas Rawat Jalan	440,000.00	0.00
	Sub Total Pelayanan	Konsultasi dan Visi	t Dokter Spesialis	440,000.00	0.00
	Sub Total Klinik Spesia	ilis Bedah Orthope	di & Traumatologi	540,000.00	0.00
		Sub T	otal OUTPATIENT	540,000.00	0.00
			GRAND TOTAL	540,000.00	0.00

Cash		0.00		Personal	Corporate
Credit Card	:	0.00	Total Transaction	540,000.00	0.00
Debit Card	÷	i	Total Admin	0.00	0.00
		0.00	Total Coverage	0.00	0.00
Transfer Bank		0,00	Total INACBG's	0.00	0.00
Voucher		0.00	0.00	0.00	0.00
Down Payment	1761 601 0 600 41 6 chà è 114 e 100 100 416 416 416	0.00		540,000.00	0,00
Refund	:	0.00			
Account Receivable		0.00	Grand Total Transaction	540,000.00	0.00
		U.UU	Total Payment	0.00	0.00
			Balance Total	540.000.00	0.00

Deposit No / Payment No	Payment Date	Patient Name	Refund	Payment Amount
(Allouit

TOTAL PAYMENT RECEIVE

0.00

Patient

Processed By

ANNI SUWARDI, NY.