

Siloam Hospitals Lippo Cikarang
Jl. M. H. Thamrin Kav. 105, Lippo Cikarang - Bekasi 17550
Telp. +62 21 2963 6900, 2693 6999 Fax. +62 21 2963 6969

INVOICE



Registration No / MR : OPA2307080447 / 90-03-67-48
Name : NASHMIA SABHIRA ARFADHIA
Address : TAMAN SENTOSA BLK E1 NO 12B RT33 RW09 DS PASIR
SARI CIKARANG SELATAN
Patient Type : PRIVATE
Primary Doctor : dr. Musim, SpA

Invoice No : OIV2307080441
Invoice Date : 08-Jul-2023 19:36
Registration Date : 08-Jul-2023 17:46

No	Name	Description	Qty	UOM	Amount	Disc.	Patient
1	CONSULTATION AND VISIT OPD CONSULTATION I_1	dr. Musim, SpA	1		170.000	0	170.000
2	DRUGS BACTODERM 10GRAM OINT	PHARMACY OUTPATIENT	1	TUBE	84.965	0	84.965
3	EMBALASES	PHARMACY OUTPATIENT	1	PCS	10.000	0	10.000
4	MEPTIN 50MCG TAB	PHARMACY OUTPATIENT	3	TAB	22.628	0	22.628
5	RENASISTIN 150MG/ML-15ML ORAL DROPS	PHARMACY OUTPATIENT	1	PCS	86.913	0	86.913
6	INTERPEC 30MG TAB	PHARMACY OUTPATIENT	4	TAB	12.181	0	12.181
7	CONSUMABLES AND MEDICAL SUPPLIES TONGUE DEPRESOR 100PCS WOODEN	OPD PAEDIATRICS	1	PCS	1.032	0	1.032

SUB TOTAL : 387.719 0 387.719
ADMIN CHARGE : 45.000
ROUNDING : -219
TOTAL : 432.500
PAYMENT : 432.500
BALANCE : 0

IN WORDS PATIENT : Empat ratus tiga puluh dua ribu lima ratus rupiah

PATIENT RECEIPT / KUITANSI :

Type	Date	Payment Mode	Account No	Account Name	Description	Cashier	Patient
Payment	08/07/23	Debit Card	XXXXXXXXXXXX5361	-	BCA, Ref No: 000959	Annisya Pebriyanti	432.500
TOTAL :							432.500

CASHIER

Annisya Pebriyanti

