

LAMPIRAN II: PERATURAN DAERAH KABUPATEN KOTABARU  
NOMOR 03 TAHUN 2012  
TANGGAL 21 MEI 2012

Struktur dan besarnya tarif Retribusi Pelayanan Rumah Sakit Daerah ditetapkan sebagai berikut :

I.     TARIF RAWAT JALAN , RAWAT INAP & RUANGAN

NO	URAIAN	JASA PELAYANAN	JASA SARANA	JUMLAH TARIF
1	RAWAT JALAN			
	Pemeriksaaan/Diagnostik/Rekam Medik Pasien Baru	20,000	5,000	25,000
	Pemeriksaaan/Diagnostik/Rekam Medik Pasien Baru	15,000	4,500	19,500
	Kir Kesehatan	15,000	4,500	19,500
	Konsul Spesialis	15,000	4,500	19,500
	Diagnostik Elektromedik/EKG	30,000	20,000	50,000
2	RAWAT INAP			
	VIP/Utama		200,000	200,000
	Kelas I		80,000	80,000
	Kelas II		50,000	50,000
	Kelas III		30,000	30,000
	ICU/ICCU		150,000	150,000
	Pengelolaan rekam medis pasien	5,000	2,000	7,000
3	VISITE DOKTER			
	Kelas III	15,000	-	15,000
	Kelas II	30,000	-	30,000
	Kelas I	40,000	-	40,000
	ICU/ICCU	50,000	-	50,000
	VIP	75,000	-	75,000
4.	Tarif Khusus Warga Asing yang berobat di RSUD diberlakukan 2x dari tarif			

II. TARIF IGD

NO	JENIS PEMERIKSAAN	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	2	3	4	5
1	Pemeriksaan/Diagnostik/Rekam Medik Rawat Jalan IGD			-
2	Konsultasi Dokter Umum IGD ke Ruangan	20,000		20,000
3	Konsultasi Dokter Spesialis	30,000		30,000
4	Tindakan Medis Kegawatdaruratan tanpa Tindakan Bedah	30,000	10,000	40,000
5	Tindakan Medis Kegawatdaruratan Bedah			
	a. Jahit Luka			
	· 1 - 5 cm	50,000	10,000	60,000
	· 6 - 10 cm	70,000	20,000	90,000
	· > 10 cm	95,000		95,000
	b. Sirkumsisi ec Phimosis	300,000	50,000	350,000
	c. Benda Asing di Jaringan	50,000	10,000	60,000
	d. Cabut Jahitan :			
	· 1 - 5 cm	12,500	2,500	15,000
	· 6 - 10 cm	15,000	5,000	20,000
	· > 10 cm	20,000	5,000	25,000
	e. Debridement / Necrotomi	50,000	10,000	60,000
	f. Ganti Verband	15,000	5,000	20,000
6	Tindakan Medis Kegawatdaruratan Saluran kemih			
	a. Pasang Kateter	50,000	10,000	60,000
	b. Lepas Kateter	20,000	5,000	25,000
	c. Fungsi Blass	50,000	10,000	60,000
7.	Tindakan Medis Kegawatdaruratan THT			
	a. Spooling			
	· Satu Telinga	30,000	5,000	35,000
	b. Pengambilan Benda Asing (Corpus Alienum) Hidung & Telinga	30,000	5,000	35,000
	c. Pengambilan Benda Asing Ditenggorokan menggunakan Endotrakeal Tube	75,000	15,000	90,000
	d. Tampon Posterior	50,000	10,000	60,000
8.	Tindakan Medis Kegawatdaruratan Mata			
	a. Benda Asing di Bola/Kelopak Mata dengan Irigasi	30,000	5,000	35,000
	b. Benda Asing di Bola/Kelopak Mata dengan Anestesi Lokal	50,000	10,000	60,000
9.	Tindakan Medis Kegawatdaruratan Saluran Cerna			
	a. Pasang NGT	50,000	10,000	60,000
	b. Kumbah Lambung	70,000	20,000	90,000
	c. Lavemen	30,000	5,000	35,000
	d. Penanganan Keracunan Zat Kimia (Insektisida, Pestisida, Crosen)	120,000	30,000	150,000
	e. Penanganan Keracunan Secara Umum	80,000	20,000	100,000
1	2	3	4	5

10.	Tindakan Medis Kegawatdaruratan Otot dan Sendi			
	a. Pasang Spalk			
	· Pendek	30,000	5,000	35,000
	· Panjang	50,000	10,000	60,000
	b. Pasang Ranzel Verband	50,000	10,000	60,000
	c. Pasang Coller Neck	50,000	10,000	60,000
	d. Immobilisasi Rahang	50,000	10,000	60,000
11.	Memasang EKG	45,000	5,000	50,000
12.	Nebulizer	45,000	5,000	50,000
13.	Aspirasi Cairan Tubuh	50,000	10,000	60,000
14.	Pasang Gips			
	· Pendek	120,000	30,000	150,000
	· Panjang	210,000	40,000	250,000
15.	Buka Gips			
	· Pendek	60,000	15,000	75,000
	· Panjang	80,000	20,000	100,000
16.	Insisi	55,000	15,000	70,000
17.	Visum			
	· Visum Kecelakaan/Kekerasan	60,000	15,000	75,000

### III TARIF RAWAT PEMERIKSAAN GIGI DAN MULUT

NO	JENIS PEMERIKSAAN	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	2	3	4	5
1	Konservasi			
	a. Tambalan Sementara	7.000,-	3.000,-	10.000,-
	b. Tambalan Amalgam/Silicate			
	- Besar	14.000,-	6.000,-	20.000,-
	- Kecil	10.000,-	5.000,-	15.000,-
	c. Tambalan Composite			
	- Besar	18.000,-	7.000,-	25.000,-
	- Kecil	14.000,-	6.000,-	20.000,-
	d. Composite sinar	30.000,-	10.000,-	40.000,-
2	Surgery			
	a. Cabut gigi tetap	15.000,-	5.000,-	20.000,-
	b. Cabut gigi tetap komplikasi	18.000,-	7.000,-	25.000,-
	dengan tindakan khusus			

1	2	3	4	5
	c. Cabut gigi susu	7.000,-	3.000,-	10.000,-

	d. Incici abses extra oral	20.000,-	5.000,-	25.000,-
	e. Incici abses intra oral	20.000,-	5.000,-	25.000,-
	f. Odontectomy	200.000,-	50.000,-	250.000,-
3.	Prosthodontie Protesa gigi			
	a. Protesa sebagian			
	- Plate	20.000,-	5.000,-	25.000,-
	- Element 1)	50.000,-	10.000,-	60.000,-
	b. Protesa penuh			
	- 1 rahang (14 gigi)	350.000,-	50.000,-	400.000,-
	- 2 rahang	700.000,-	100.000,-	800.000,-
4.	Periodontie			
	a. Pembersihan karang gigi setiap			
	rahang			
	- Ultrasonic	70.000,-	5.000,-	75.000,-
	- Manual	45.000,-	5.000,-	50.000,-
	b. Bedah Minor	90.000,-	10.000,-	100.000,-

IV. TARIF PEMERIKSAAN /TINDAKAN POLI KULIT

NO	JENIS PEMERIKSAAN	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	2	3	4	5
1	a. Pemriksaan jamur kerokan kulit + KOH	12,500	15,000	27,500
	b. Pemriksaan Gram Sekret Vag /uretra	12,500	15,000	27,500
2	Electro cauter			
	a. Besar	175,000	175,000	350,000
	b. Sedang	115,000	110,000	225,000
	c. Kecil	60,000	50,000	110,000
3	Chemical Peeling			
	a. TCA 50 %	115,000	110,000	225,000
	b. TCA 80 %	115,000	110,000	225,000
4	Chemical Peeling			
	Glycolic Acid	60,000	90,000	150,000

1	2	3	4	5
5	Biopsi/Eksisi			
	a. Ekstirpasi besar	177,000	193,000	370,000

	b. Ekstirpasi kecil	115,000	105,000	220,000
6	Injeksi Keloid			
	Intra lesi	70,000	30,000	100,000

V. TARIF RAWAT POLIKLINIK MATA

NO	JENIS TINDAKAN	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	Hordeolum	60,000	22,500	82,500
2	Chalazion	60,000	22,500	82,500
3	Corp. Alienum cornea	50,000	20,000	70,000
4	Irigasi, Hecting aff	12,500	7,500	20,000
5	Tonometri	10,000	5,000	15,000
6	Keur, Buta Warna	20,000	10,000	30,000
7	Kampimetri	20,000	15,000	35,000
8	Fotofundus	40,000	15,000	55,000
9	Fotofundus angiorafi	150,000	105,000	255,000
10	Sinotopher	25,000	15,000	40,000
11	Indirect Optalmoskop	10,000	10,000	20,000
12	Pterigium	375,000	110,000	485,000
13	Tumor Palpera	225,000	85,000	310,000
14	Jahit Luka robek palpebra	75,000	40,000	115,000
15	Epilasi	10,000	10,000	20,000
16	ARK	20,000	10,000	30,000
17	Juling	10,000	5,000	15,000
18	Slip Lamp	10,000	10,000	20,000
19	Refraksi / Visus	10,000	10,000	20,000

VI. TARIF RAWAT POLIKLINIK BEDAH

NO	JENIS TINDAKAN	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	a. Perawatan Luka Bersih/luka operasi	20,000	5,500	25,500
	b. Angkat 1/2 jahitan	15,000	5,000	20,000
	c. Lepas gips	25,000	75,000	100,000
	d. Angkat jahitan kompleks	20,000	5,000	25,000
2	a. Perawatan luka kotor	30,000	10,000	40,000
	b. Nekrotomi	30,000	7,000	37,000
	c. Pasang Kateter	30,000	7,000	37,000
	c. Pasang Spalk gips	50,000	15,000	65,000
	d. Lepas K-Wire	50,000	20,000	70,000
3	a. Reposisi dengan/tanpa anestesi lokal	90,000	20,000	110,000
	b. Pasang gips sirkuler	90,000	30,000	120,000
4	Tindakan Medik Operasi Kecil dengan anestesi (heting luka) uk. Dari 5 cm	125,000	70,000	195,000

VII. TARIF POLIKLINIK THT

NO	JENIS TINDAKAN	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	2	3	4	5
1	Tindakan kegawatdaruratan THT			
	a. Spooling			
	· Satu telinga	20,000	7,000	27,000
	b. Pengambilan Benda Asing (Corpus jAlienum)			
	Hidung dan Telinga	25,000	10,000	35,000
	c. Pengambilan Benda Asing di tenggorokan			
	dengan menggunakan endotrakeal tube	50,000	20,000	70,000
	d. Tampon Posterior (spesialis THT)	20,000	9,000	29,000
2	Tindakan Medik Operasi Kecil			
	a. Parasentesa	75,000	40,000	115,000
	b. Polip MAE	75,000	35,000	110,000

1	2	3	4	5
3	Tindakan Medik Operasi Sedang			
	a. Biopsi	70,000	35,000	105,000

	b. Irigasi Sinusitis Maksilaris	75,000	40,000	115,000
	c. Insisi THT	75,000	35,000	110,000
	d. Ekstirpasi	75,000	40,000	115,000
4	Penunjang Diagnosa			
	a. Audiometri	50,000	20,000	70,000
	b. Spirometri	50,000	20,000	70,000
	c. Tympanometri	40,000	10,000	50,000
	d. Test Alergi	25,000	15,000	40,000

VIII. TARIF TINDAKAN KIA (POLI RAWAT JALAN)

NO	JENIS TINDAKAN	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	Ganti Verband/Angkat tampon	15,000	5,000	20,000
2	Off Hecting	15,000	4,000	19,000
3	Sekret Vagina	20,000	10,000	30,000
4	Biopsi	75,000	25,000	100,000
5	Visum Kebidanan	75,000	25,000	100,000
6	Pasang IUD	90,000	35,000	125,000
7	Lepas IUD	75,000	35,000	110,000
8	Pasang Implant	75,000	30,000	105,000
9	Lepas Implant	60,000	30,000	90,000

IX. TARIF TINDAKAN KIA (POLI RAWAT JALAN)

NO	JENIS TINDAKAN	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	Ganti Verband/Angkat tampon	15,000	5,000	20,000
2	Off Hecting	15,000	4,000	19,000
3	Sekret Vagina	20,000	10,000	30,000
4	Biopsi	75,000	25,000	100,000
5	Visum Kebidanan	75,000	25,000	100,000
6	Pasang IUD	90,000	35,000	125,000
7	Lepas IUD	75,000	35,000	110,000
8	Pasang Implant	75,000	30,000	105,000
9	Lepas Implant	60,000	30,000	90,000

X. TARIF PELAYANAN RAHABILITASI MEDIK (Fisioterapi)

NO	JENIS TINDAKAN	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	Rawat Inap			
	Pelayanan Rehabilitasi Medik			
	a. Sederhana			
	- Kelas III	13,500	5,000	18,500
	- Kelas II /ICU	16,500	6,000	22,500
	- Kelas I	18,500	7,000	25,500
	- Kelas VIP	23,500	9,000	32,500
	b. Sedang			
	- Kelas III	15,500	5,000	20,500
	- Kelas II /ICU	18,500	7,000	25,500
	- Kelas I	21,000	8,000	29,000
	- Kelas VIP	25,500	9,000	34,500
2	Rawat Jalan			
	- IRR	10,000	5,000	15,000
	- MUD	15,000	5,000	20,000
	- IRR + LAT	17,000	8,000	25,000
	- MUD + LAT	20,000	8,000	28,000
	- MUD + TENS + LAT	25,000	9,000	34,000
	- IRR + TENS + LAT	23,000	8,500	31,500
	- MUD + US + LAT	26,000	9,000	35,000
	- IRR + US + LAT	25,000	9,000	34,000
	- MUD + US + TENS + LAT	39,000	11,000	50,000
	- IRR + US + TENS + LAT	35,000	10,000	45,000
	- MUD + TRAC + TENS + LAT	40,000	15,000	55,000
	- IRR + TRAC + TENS + LAT	39,000	11,000	50,000



XI. TARIF TINDAKAN KEPERAWATAN/KEBIDANAN

NO	URAIAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH TARIF (Rp)
1	ASUHAN KEPERAWATAN			
	1 Kelas III	15,000	30,000	45,000
	2 Kelas II	25,000	60,000	85,000
	3 Kelas I	25,000	70,000	95,000
	4 VIP	35,000	100,000	135,000
	5 Perinatologi	35,000	100,000	135,000
2	TINDAKAN KHUSUS VK			
	1 Efisiotomi	17,500	25,000	42,500
	2 Hecting Perineum	62,500	175,000	237,500
	3 Hecting Portio	62,500	180,000	242,500
	4 Kompresi Bimanual Ekternal & Internal	11,000	25,000	36,000
	5 Pemasangan Balon Uterus	62,500	175,000	237,500
	6 Pemasangan Laminaria	32,500	80,000	112,500
	7 Digital (Evakuasi Sisa jaringan plasenta)	8,000	15,000	23,000
	8 Perawatan Bayi Baru Lahir	17,500	25,000	42,500

XII. TARIF RUANG VK

NO	JENIS TINDAKAN	JASA SARANA	JASA	JUMLAH
1	PERSALINAN NORMAL			
	- Kelas III	80,000	450,000	530,000
	- Kelas II	190,000	800,000	990,000
	- Kelas I	210,000	1,040,000	1,250,000
	- VIP	265,000	1,560,000	1,825,000
2	PERSALINAN DENGAN PENYULIT			
	- Kelas III	90,000	550,000	640,000
	- Kelas II	190,000	1,200,000	1,390,000
	- Kelas I	210,000	1,560,000	1,770,000
	- VIP	270,000	1,950,000	2,220,000
3	TINDAKAN PERAWATAN KHUSUS			
	- Tindakan Kegawatdaruratan Kebidanan	62,500	175,000	237,500
4	TINDAKAN PERAWATAN KOLABORATIF			
	- Hecting Perineum	62,500	175,000	237,500
	- Hecting Portio	62,500	180,000	242,500
	- Pemasangan Balon Uterus	62,500	175,000	237,500
	- Laminaria	32,500	80,000	112,500

<sup>\*)</sup>Apabila Persalinan didampingi Dokter Spesialis Anak ditambah 30%

XIII. TARIF TINDAKAN PERAWATAN KHUSUS

NO	JENIS TINDAKAN	POLI/KLS III			SWASTA/ICU/KLS II			KLS I			VIP		
		JP (Rp)	JRS (Rp)	TOTAL (Rp)	JP (Rp)	JRS (Rp)	TOTAL (Rp)	JP (Rp)	JRS (Rp)	TOTAL (Rp)	JP (Rp)	JRS (Rp)	TOTAL (Rp)
1	Perawatan Persiapan Pre Operasi	30,000	15,000	45,000	39,000	19,500	58,500	50,700	25,500	76,200	65,000	32,500	97,500
2	Perawatan Pulih Sadar + Premedikasi	45,000	22,500	67,500	58,500	29,500	88,000	76,050	38,888	114,938	98,000	49,000	147,000
3	Perawatan Luka Bakar	50,000	25,000	75,000	65,000	32,500	97,500	84,500	42,500	127,000	100,000	50,000	150,000
4	Perawatan Luka Kotor	45,000	22,500	67,500	58,500	29,500	88,000	76,050	38,000	114,050	98,000	49,000	147,000
5	Perawatan Luka Kering/Bersih	18,000	9,000	27,000	23,400	12,000	35,400	30,420	15,000	45,420	40,000	20,000	60,000
6	Perawatan Irigasi Post Op BPH	75,000	30,000	105,000	97,500	49,000	146,500	126,750	63,500	190,250	160,000	80,000	240,000
7	Pelaksanaan Drumbois	15,000	8,000	23,000	19,500	10,000	29,500	25,350	12,500	37,850	30,000	15,000	45,000
8	Pelaksanaan Suction/bronchial toilet	15,000	8,000	23,000	19,500	10,000	29,500	25,350	12,500	37,850	30,000	15,000	45,000
9	Pelaksanaan Pemasangan oro/naso faringeal tube	15,000	8,000	23,000	19,500	10,000	29,500	25,350	12,500	37,850	30,000	15,000	45,000
10	Pelaksanaan Spoeling Chateter Urine	15,000	8,000	23,000	19,500	10,000	29,500	25,350	12,500	37,850	30,000	15,000	45,000
11	Manajemen Laktasi	30,000	15,000	45,000	39,000	19,500	58,500	50,700	25,500	76,200	65,000	32,500	97,500
12	Manajemen Kangguru	45,000	22,500	67,500	58,500	29,500	88,000	76,050	38,000	114,050	98,000	49,000	147,000
13	Breast Care	30,000	15,000	45,000	39,000	19,500	58,500	50,700	25,500	76,200	65,000	32,500	97,500
14	Pelaksanaan Sitostatika (Kemoterapi)	175,000	50,000	225,000	227,500	114,000	341,500	250,000	125,000	375,000	275,000	137,500	412,500

XIV. TARIF TINDAKAN PERAWATAN KOLABORATIF

NO	JENIS TINDAKAN	POLI/KLS III			SWASTA/ICU/KLS II			KLS I			VIP		
		JP (Rp)	JRS (Rp)	TOTAL (Rp)	JP (Rp)	JRS (Rp)	TOTAL (Rp)	JP (Rp)	JRS (Rp)	TOTAL (Rp)	JP (Rp)	JRS (Rp)	TOTAL (Rp)
1	Pemasangan IV Catheter (Infus)	30,000	15,000	45,000	39,000	19,500	58,500	50,500	25,500	76,000	65,000	32,500	97,500
2	Pelaksanaan Infus/Syringe Pump	30,000	15,000	45,000	39,000	19,500	58,500	50,500	25,500	76,000	65,000	32,500	97,500
3	Pemasangan/pelepasan Chateter Urine	30,000	15,000	45,000	39,000	19,500	58,500	50,500	25,500	76,000	65,000	32,500	97,500
4	Pelaksanaan Transfusi	24,000	12,000	36,000	31,000	15,500	46,500	40,000	20,000	60,000	53,000	26,500	79,500
5	Pelepasan Drain	9,000	4,500	13,500	12,000	6,000	18,000	15,000	7,500	22,500	20,000	10,000	30,000
6	Pemasangan NGT/OGT	30,000	15,000	45,000	39,000	19,500	58,500	50,500	25,500	76,000	65,500	32,500	98,000
7	Pelaksanaan Nebulizer	30,000	15,000	45,000	39,000	19,500	58,500	50,500	25,500	76,000	65,000	32,500	97,500
8	Pelaksanaan Anal Dilatasi	24,000	12,000	36,000	31,000	15,500	46,500	40,000	20,000	60,000	53,000	26,500	79,500
9	Pelaksanaan Klisma/Huknah	24,000	12,000	36,000	31,000	15,500	46,500	40,000	20,000	60,000	53,000	26,500	79,500
10	Pelaksanaan Perekaman EKG	45,000	22,500	67,500	58,500	29,500	88,000	75,000	37,500	112,500	98,000	49,000	147,000
11	Pelaksanaan/lepas Tampon Luka	24,000	12,000	36,000	31,000	15,500	46,500	40,000	20,000	60,000	53,000	26,500	79,500
12	Off Hecting	24,000	12,000	36,000	31,000	15,500	46,500	40,000	20,000	60,000	53,000	26,500	79,500
13	Pelaksanaan Oksigenasi	24,000	12,000	36,000	31,000	15,500	46,500	40,000	20,000	60,000	53,000	26,500	79,500
14	Pelaksanaan Kumbah Lambung	45,000	22,500	67,500	58,500	29,500	88,000	75,000	37,500	112,500	98,000	49,000	147,000
15	Pelaksanaan Blast Punksi	45,000	22,500	67,500	58,500	29,500	88,000	75,000	37,500	112,500	98,000	49,000	147,000
16	Exchange Transfusi	45,000	22,500	67,500	58,500	29,500	88,000	75,000	37,500	112,500	98,000	49,000	147,000
17	Pelaksanaan Parenteral Nutrisi	30,000	15,000	45,000	39,000	19,500	58,500	50,500	25,500	76,000	65,000	32,500	97,500
18	Blue Light for Baby (fototerapi)	45,000	22,500	67,500	58,500	29,500	88,000	75,000	37,500	112,500	98,000	49,000	147,000

XV. INTENSIVE CARE UNIT (ICU/ICCU/PICU/NICU

NO	JENIS TINDAKAN	JASA SARANA (Rp)	JASA TINDAKAN (Rp)	JUMLAH TARIF (Rp)
1	TINDAKAN PERAWATAN INTENSIVE :			
	- Bed Side Monitoring	70,000	175,000	245,000
	- Pelaksanaan Rekam EKG 12 Lead			
	- Decubitus Bed (Air Alternating Pressure Pump)			
	- Bloodwarmer			
	- Pelaksanaan Invasive Blood Pressure			
	- Pelaksanaan Syringe Pump			
	- Pelaksanaan Infus Pump			
2	TINDAKAN PERAWATAN KHUSUS :			
	- Blanket panas-dingin	15,500	24,500	40,000
	- DC Shock/Cardioversi	50,000	125,000	175,000
	- Pemasangan CVP	55,000	150,000	205,000
	- Pelaksanaan Nebulizer	20,000	65,000	85,000
	- Emergency Resusitasi Kardio Pulmonal	20,000	70,000	90,000
	- Pelaksanaan terapi Trombolitik	40,000	75,000	115,000
	- Pelaksanaan Injeksi Resiko Tinggi	16,000	24,000	40,000
	- Pelaksanaan Blood Gas Analize (di ICU)	25,000	30,000	55,000
	- Pemasangan Intubasi ETT	55,000	150,000	205,000
	- Pemasangan dan Monitoring Ventilator	50,000	150,000	200,000
	- Pemasangan dan Pacemaker/TPM Eksternal	45,000	125,000	170,000
	- Thermacare	20,000	50,000	70,000
	- Infant Warmer	20,000	50,000	70,000
	- Infant Inkubator	30,000	70,000	100,000
	- Phototerapi (Blue Light)	20,000	50,000	70,000
	- Pemasangan Infus Tali Pusat	55,000	150,000	205,000
	- Pemasangan Nasal CPAP	55,000	150,000	205,000

XVI. TARIF PELAYANAN HEMODIALISA

NO	KELAS / RUANGAN	HEMODIALISA BARU/LAMA	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	VIP	Baru	378,000	790,000	1,168,000
		Lama	403,000	620,000	1,023,000
2	Kelas I	Baru	359,000	765,000	1,124,000
		Lama	384,000	595,000	979,000
3	Kelas II / Rawat Jalan	Baru	335,000	715,000	1,050,000
		Lama	360,000	545,000	905,000
4	Kelas III	Baru	312,000	690,000	1,002,000
		Lama	337,000	520,000	857,000

XVII.      TARIF PELAYANAN GIZI

NO	URAIAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH TARIF (Rp)
1	KONSULTASI GIZI			
	1. Rawat Jalan	1,500	4,500	6,000
	2. Rawat Inap			
	· Kelas III	1,500	2,500	4,000
	· Kelas II	2,000	3,000	5,000
	· Kelas I	2,500	3,500	6,000
	· VIP	3,000	4,000	7,000
2	JASA PELAYANAN GIZI			
	· Kelas III	-	2,000	2,000
	· Kelas II	-	2,500	2,500
	· Kelas I	-	3,000	3,000
	· VIP	-	3,500	3,500

XVIII.    TARIF PELAYANAN PEMULASARAN JENAZAH

NO	JENIS TINDAKAN	JASA PELAYANAN (Rp)	JASA SARANA (Rp)	JUMLAH TARIF (Rp)
1	Otopsi	420,000	455,000	875,000
2	Perawatan Jenazah Muslim			
	· Meninggal Wajar	200,000	125,000	325,000
	· Meninggal tidak Wajar	300,000	180,000	480,000
3	Perawatan Jenazah Non Muslim			
	· Meninggal Wajar	200,000	180,000	380,000
	· Meninggal tidak Wajar	300,000	235,000	535,000
4	Pengawetan Jenazah (Formalin)	750,000	500,000	1,250,000
5	Penitipan Jenazah/hari (apabila > 6 jam)	50,000	25,000	75,000
6	Visum Et Repertum			
	· VER Biasa	65,000	20,000	85,000
	· VER Jenazah	175,000	125,000	300,000
7	Pembuatan Surat Kematian	15,000	5,000	20,000
8	Pengisian Form Asuransi Jiwa	70,000	20,000	90,000

XIX.      TARIF TINDAKAN MEDIK OPERATIF DAN TERAPI

NO	JENIS TINDAKAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)		JUMLAH TARIF (Rp)
			OPERATOR	ANESTESI	
1	KECIL				
	a. Kelas III	50,000	150,000	-	200,000
	b. Kelas II	75,000	225,000	-	300,000
	c. Kelas I	97,500	292,500	-	390,000
	d. VIP	104,250	380,250	-	484,500
2	SEDANG				
	a. Kelas III	300,000	900,000	315,000	1,515,000
	b. Kelas II	450,000	1,350,000	472,500	2,272,500
	c. Kelas I	585,000	1,755,000	614,000	2,954,000
	d. VIP	760,000	2,281,000	798,000	3,839,000
3	BESAR				
	a. Kelas III	400,000	1,100,000	385,000	1,885,000
	b. Kelas II	600,000	1,650,000	577,500	2,827,500
	c. Kelas I	780,000	2,145,000	751,000	3,676,000
	d. VIP	1,014,000	2,788,500	976,000	4,778,500
4	KHUSUS				
	a. Kelas III	500,000	1,400,000	490,000	2,390,000
	b. Kelas II	750,000	2,100,000	735,000	3,585,000
	c. Kelas I	975,000	2,730,000	955,500	4,660,500
	d. VIP	1,267,000	3,549,000	1,242,000	6,058,000

Catatan :      Apabila Persalinan dibantu oleh Dokter Spesialis Anak tarif ditambah 30% dari Jasa Pelayanan  
Apabila Cito, tarif Jasa Pelayanan ditambah 30%

XX.    TARIF FARMASI

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH TARIF (Rp)
A	Visite/Konsul Farmasi Umum			
	a.    Kelas III/Poliklinik	1,000	3,000	4,000
	b.    Kelas II / I	1,500	4,500	6,000
	c.    Kelas VIP	2,500	7,500	10,000
B	Teknis Kefarmasian / Peracikan			
	Individual Praescription			
	a.    Non Racikan (Obat Jadi) per resep	100	500	600
	b.    Racikan per resep	100	500	600
	Unit Dose Dispensing (UDD)			
	a.    Non Racikan	100	500	600
	b.    Racikan	100	-	100
	Untuk obat yang dibungkus IFRS mendapat tambahan	50	150	200
	biaya Rp.200,- per bungkus puyer			

Catatan :     Disertakan pada rincian pembayaran pada pasien

XXI.   TARIF PEMBAKARAN LIMBAH MEDIS DENGAN INCENERATOR

NO	JENIS PELAYANAN	JASA SARANA (Rp)	JASA PELAYANAN (Rp)	JUMLAH TARIF (Rp)
1	Pembakaran limbah medis ( 1 x pembakaran )	1,000,000	600,000	1,600,000

XXII. LABORATORIUM

NO	JENIS PEMERIKSAAN		JASA SARANA	JASA PELAYANAN	TOTAL
I	HEMATOLOGI				
	1	Darah Lengkap Otomatis 5Dif	40,000	20,000	60,000
	2	Darah Lengkap Otomatis 3Dif	30,000	15,000	45,000
	3	Hb/Ery/Leu/Trombo/Reti/Eos/PCV	20,000	10,000	30,000
	4	MCV/MCH/MCHC	20,000	10,000	30,000
	5	Gambaran Darah Tepi	5,000	20,000	25,000
	6	Coagulation Complete Test	95,000	30,000	125,000
	7	CT/BT	4,000	6,000	10,000
	8	LED/BBS sito	15,000	5,000	20,000
	9	Trombin Time	30,000	10,000	40,000
	10	PTT	30,000	10,000	40,000
	11	APTT	30,000	10,000	40,000
	12	Fibrinogen	30,000	10,000	40,000
	13	Trombin Test	30,000	10,000	40,000
	14	DDR	5,000	10,000	15,000
	15	Golongan Darah ABO/Rh	5,000	5,000	10,000
II	URINALISA				
	1.	Urin Lengkap	8,000	10,000	18,000
	2.	Urin Lengkap Automatic	20,000	10,000	30,000
	3.	Sedimen	4,000	6,000	10,000
	4.	Reduksi	3,000	2,000	5,000
	5.	Protein	3,000	2,000	5,000
	6.	Tes Kehamilan	10,000	5,000	15,000
	7.	PST Titrasi 1/50 s.d 1/400	4,000	20,000	24,000
III	SEROLOGI/MIKROBIOLOGI				
	1	Widal Tes	15,000	10,000	25,000
	2	RAF	15,000	10,000	25,000
	3	C-Reaktif Prot	20,000	10,000	30,000
	4	HBs Ag	25,000	15,000	40,000
	5	HBs Ab	25,000	15,000	40,000
	6	HCV	25,000	15,000	40,000
	7	HIV	30,000	15,000	45,000
	8	Sphylis	30,000	15,000	45,000
	9	Anti TB	35,000	10,000	45,000
	10	Malaria Rapid	35,000	10,000	45,000
	11	DHF IgG/IgM	120,000	30,000	150,000
	12	DHF IgA	100,000	30,000	130,000
	13	CD4	230,000	40,000	270,000
	14	ASTO/ASO	35,000	5,000	40,000
	15	BTA 1x	5,000	10,000	15,000
	16	Toxoplasma IgG/IgM	40,000	15,000	55,000
	17	P. Gram	5,000	10,000	15,000
	18	P. Neisser	5,000	10,000	15,000

NO	JENIS PEMERIKSAAN		JASA SARANA	JASA PELAYANAN	TOTAL
	19	Kultur	100,000	20,000	120,000
	20	Kultur dan SensitivitasTes	150,000	40,000	190,000
	21	Uji H5N-1	80,000	30,000	110,000
	22	Rubella IgG/IgM	100,000	30,000	130,000
	23	Clamidia Tes	85,000	30,000	115,000
	24	Gonorhoe Tes	35,000	25,000	60,000
IV	KIMIA DARAH/KLINIK				
	1	KDL	100,000	50,000	150,000
	2	Glukosa Sewaktu	6,000	4,000	10,000
	3	Glukosa puasa	6,000	4,000	10,000
	4	Glukosa 2 jm PP	6,000	4,000	10,000
	5	Trigliserida	9,000	6,000	15,000
	6	Cholesterol	6,000	5,000	11,000
	7	Asam Urat	8,000	5,000	13,000
	8	Urea	6,000	5,000	11,000
	9	Creatinin	5,000	5,000	10,000
	10	SGOT	8,000	5,000	13,000
	11	SGPT	8,000	5,000	13,000
	12	Bilirubin Total	7,000	5,000	12,000
	13	Bilirubin Direk	7,000	5,000	12,000
	14	Total Protein	7,000	5,000	12,000
	15	Albumin	7,000	5,000	12,000
	16	Alkali Fosfatase	8,000	5,000	13,000
	17	Acid Fosfatase	8,000	5,000	13,000
	18	Gamma GT	8,000	5,000	13,000
	19	HDL-Direk	35,000	10,000	45,000
	20	LDL-Direk	60,000	10,000	70,000
	21	CK-MB	30,000	10,000	40,000
	22	CK-NAC	20,000	10,000	30,000
	23	LDH	20,000	10,000	30,000
	24	Cholinesterase (CHE)	20,000	10,000	30,000
	25	Ca, Mg, K	30,000	20,000	50,000
	26	Tes Komplit Fungsi Jantung	70,000	40,000	110,000
	27	Tes Komplit Fungsi Hati	50,000	30,000	80,000
	28	Tes Komplit Fungsi Ginjal	50,000	30,000	80,000
	29	Globulin	20,000	10,000	30,000
	30	HbA1c	150,000	50,000	200,000
	31	THYROID TES Complete	450,000	100,000	550,000
	32	Alfa Amylase	50,000	30,000	80,000
	33	Lipase	80,000	40,000	120,000
	34	T3	100,000	40,000	140,000
	35	FT4	100,000	40,000	140,000
	36	TSH	100,000	40,000	140,000
	37	Tiroglobulin	100,000	40,000	140,000
	38	Anti Tiroglobulin	100,000	40,000	140,000



NO	JENIS PEMERIKSAAN		JASA SARANA	JASA PELAYANAN	TOTAL
	39	Gas Darah+Elektrolit Lengkap	250,000	100,000	350,000
	40	Uji Troponin-I	65,000	33,000	98,000
	41	Tes Tumor Marker	300,000	100,000	400,000
V	ANALISA SPERMA		25,000	25,000	50,000
VI	ANALISA BATU GINJAL		30,000	20,000	50,000
VII	ANALISA SEKRET		30,000	20,000	50,000
VIII	ANALISA LCS		30,000	20,000	50,000
IX	ANALISA TRANS/EXUDAT		40,000	20,000	60,000
X	ANALISA FAECES		5,000	10,000	15,000
XI	TES NAFZA/NARKOBA		80,000	40,000	120,000
XII	SAMPLING		5,000	3,000	8,000
XIII	JASA PELAYANAN DOKTER (DSPK/PA) ADALAH DITAMBAH SEBESAR 20% DARI JASA PELAYANAN				

XXIII. TARIF PENGELOLAAN PELAYANAN DARAH UNIT TRANSFUSI DARAH

NO	URAIAN PELAYANAN	JASA SARANA	JASA PELAYANAN	TOTAL	
1	Disposible Syringe,Tabung	3,500	-	Rp	3,500
2	Lancet,Kapas,Alkohol,Slide,ATK	1,500	-	Rp	1,500
3	Kantongan Darah	45,000	-	Rp	45,000
4	Pemeriks. Pra Donor	-	5,000	Rp	5,000
5	Pemeriks. Gol Darah/Rhesus	5,000	3,000	Rp	8,000
6	Pemeriks. Hb	10,000	5,000	Rp	15,000
7	Pemeriks. HBsAg	19,000	10,000	Rp	29,000
8	Pemeriks. Anti HCV	20,000	10,000	Rp	30,000
9	Pemeriks. Sphylis	20,000	10,000	Rp	30,000
10	Pemeriks. HIV/AIDS	25,000	10,000	Rp	35,000
11	Pemeriks. Crossmatch	35,000	20,000	Rp	55,000
12	Service Donor	5,000	1,000	Rp	6,000
13	Penyimpanan	1,000	1,000	Rp	2,000
	TOTAL BIAYA PER KANTONG DARAH	190,000	75,000	Rp	265,000

XXIV. RADIOLOGI

NO	RUANGAN/ KELAS	JENIS PELAYANAN	JASA SARANA	JASA PELAYANAN	JUMLAH TARIF
1	2	3	4	5	6
A	Foto Polos Konvensional				
	1. Pasien Poli	a Foto Polos (1 Film)	21,000	21,000	42,000
	2. Kelas VIP	b Foto Polos (1 Film)	40,000	43,000	83,000
	3. Kelas I	c Foto Polos (1 Film)	29,000	30,000	59,000
	4. Kelas II	d Foto Polos (1 Film)	23,000	24,000	47,000
	5. Kelas III	e Foto Polos (1 Film)	21,000	21,000	42,000
B	Foto Panoramic / Rongent Gigi Konvensional				
	Pasien Poli	Panoramic	20,000	20,000	40,000
C	Kontras Konvensional				
	1. Pasien Poli	a Cystography	125,000	135,000	260,000
	2. Kelas VIP	b Cystography	135,000	195,000	330,000
	3. Kelas I	c Cystography	130,000	156,000	286,000
	4. Kelas II	d Cystography	130,000	146,000	276,000
	5. Kelas III	e Cystography	125,000	135,000	260,000
D	BNO-IVP Konvensional				
	1. Pasien Poli	a BNO-IVP	150,000	165,000	315,000
	2. Kelas VIP	b BNO-IVP	175,000	250,000	425,000
	3. Kelas I	c BNO-IVP	160,000	225,000	385,000
	4. Kelas II	d BNO-IVP	160,000	190,000	350,000
	5. Kelas III	e BNO-IVP	150,000	165,000	315,000
E	Colon In Loop Konvensional				
	1. Pasien Poli	a Colon in Loop	150,000	200,000	350,000
	2. Kelas VIP	b Colon in Loop	200,000	295,000	495,000
	3. Kelas I	c Colon in Loop	160,000	270,000	430,000
	4. Kelas II	d Colon in Loop	160,000	215,000	375,000
	5. Kelas III	e Colon in Loop	150,000	200,000	350,000
F	USG B/W				
	1. Pasien Poli	a USG B/W Loper	34,000	51,000	85,000
	2. Kelas VIP	b USG B/W Loper	52,000	78,000	130,000
	3. Kelas I	c USG B/W Loper	44,000	66,000	110,000
	4. Kelas II	d USG B/W Loper	36,000	54,000	90,000
	5. Kelas III	e USG B/W Loper	34,000	51,000	85,000
G	USG B/W Lower				
	1. Pasien Poli	a USG B/W Lower	34,000	51,000	85,000
	2. Kelas VIP	b USG B/W Lower	52,000	78,000	130,000
	3. Kelas I	c USG B/W Lower	44,000	66,000	110,000
	4. Kelas II	d USG B/W Lower	36,000	54,000	90,000
	5. Kelas III	e USG B/W Lower	34,000	51,000	85,000
H	USG Thyroid				
	1. Pasien Poli	a USG Thyroid	34,000	51,000	85,000
	2. Kelas VIP	b USG Thyroid	52,000	78,000	130,000
	3. Kelas I	c USG Thyroid	44,000	66,000	110,000
	4. Kelas II	d USG Thyroid	36,000	54,000	90,000
	5. Kelas III	e USG Thyroid	34,000	51,000	85,000
I	USG Mammae				
	1. Pasien Poli	a USG Mammae	34,000	51,000	85,000
	2. Kelas VIP	b USG Mammae	52,000	78,000	130,000
	3. Kelas I	c USG Mammae	44,000	66,000	110,000
	4. Kelas II	d USG Mammae	36,000	54,000	90,000
	5. Kelas III	e USG Mammae	34,000	51,000	85,000
J	USG Doppler				
	1. Pasien Poli	a USG Doppler	70,000	105,000	175,000
	2. Kelas VIP	b USG Doppler	96,000	144,000	240,000
	3. Kelas I	c USG Doppler	84,000	126,000	210,000
	4. Kelas II	d USG Doppler	74,000	111,000	185,000
	5. Kelas III	e USG Doppler	70,000	105,000	175,000
K	Foto Polos Canggih (Computed Radiography/ CR)				
	1. Pasien Poli	a Foto Polos (1 Film)	54,500	21,000	75,500
	2. Kelas VIP	b Foto Polos (1 Film)	75,000	43,000	118,000

1	2	3	4	5	6
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	3. Kelas I	c	Foto Polos (1 Film)	58,500	30,000	88,500
	4. Kelas II	d	Foto Polos (1 Film)	54,500	24,000	78,500
	5. Kelas III	e	Foto Polos (1 Film)	54,500	21,000	75,500
L	Foto Panoramic / Rongent Gigi Canggih (Computed Radiography/ CR)					
	Pasien Poli		Panoramic	31,000	24,000	55,000
M	Kontras					
	1. Pasien Poli	a	Cystography	225,000	135,000	360,000
	2. Kelas VIP	b	Cystography	225,000	195,000	420,000
	3. Kelas I	c	Cystography	225,000	156,000	381,000
	4. Kelas II	d	Cystography	225,000	146,000	371,000
	5. Kelas III	e	Cystography	225,000	135,000	360,000
N	BNO-IVP Canggih (Computed Radiography/ CR)					
	1. Pasien Poli	a	BNO-IVP	275,000	135,000	410,000
	2. Kelas VIP	b	BNO-IVP	275,000	195,000	470,000
	3. Kelas I	c	BNO-IVP	275,000	156,000	431,000
	4. Kelas II	d	BNO-IVP	275,000	146,000	421,000
	5. Kelas III	e	BNO-IVP	275,000	135,000	410,000
O	Colon In Loop Canggih (Computed Radiography/ CR)					
	1. Pasien Poli	a	Colon in Loop	250,000	135,000	385,000
	2. Kelas VIP	b	Colon in Loop	250,000	195,000	445,000
	3. Kelas I	c	Colon in Loop	250,000	156,000	406,000
	4. Kelas II	d	Colon in Loop	250,000	146,000	396,000
	5. Kelas III	e	Colon in Loop	250,000	135,000	385,000

XXV. TARIF PEMAKAIAN MOBIL AMBULANCE / MOBIL JENAZAH

NO	JENIS TARIF	KETERANGAN / RINCIAN TARIF	JASA PELAYANAN	JASA SARANA
1	2	3		
1.	PEMAKAIAN MOBIL AMBULANCE	a. Pemakaian Mobil 5 Kilometer pertama dari RS Rp 50.000,- Selanjutnya untuk setiap 1 Kilometer ditambah Rp 2.000,- b. Apabila menggunakan jasa penyeberangan dengan kapal fery, dikenakan tarif fery yang berlaku .PP. c. Apabila didampingi oleh petugas Medis/ paramedis; baik atas indikasi medis ataupun permintaan keluarga pasien, dikenakan biaya tambahan sebagai berikut : <ul style="list-style-type: none"><li>Dalam Kota; sebesar Rp 75.000,-</li><li>Luar Kota; sesuai Biaya Perjalanan Dinas Pegawai Negeri berdasarkan Golongan / Pangkat pegawai yang bersangkutan sebagaimana peraturan pemerintah yang berlaku.</li></ul> d. Penggunaan Gas Oksigen oleh pasien selama di ambulance, dikenakan biaya sesuai Tarif Perda RSUD Kotabaru yang berlaku	40%	60%
2.	PEMAKAIAN MOBIL JENAZAH	a. Pemakaian Mobil 5 Kilometer pertama dari RS Rp 50.000,- Selanjutnya untuk setiap 1 Kilometer ditambah Rp 2.000,- b. Apabila menggunakan jasa penyeberangan dengan kapal fery, dikenakan tarif pery yang berlaku PP. c. Pemakaian Mobil <u>di Luar</u> RSUD Kotabaru, dikenakan biaya : <ul style="list-style-type: none"><li>Dalam Kota; jarak ± 5 Kilometer sebesar Rp 50.000,-</li><li>Luar Kota; → Pemakaian Mobil 5 Kilometer pertama dari RS Rp 100.000,- Selanjutnya untuk setiap 1 Kilometer ditambah Rp 2.000,-</li></ul>	40%	60%

BUPATI KOTABARU,

H. IRHAMI RIDJANI