

INPATIENT BILL

(W)PM CARE SDN BHD

CLAIMS DEPARTMENT
PM CARE SDN BHD
NO. 1, JLN. USJ 21/10 UEP SUBANG JAYA
47620 SELANGOR

INVOICE

PAGE : 1
BILL NO. :
BILL DATE : 09/02/2020
DATE ADMITTED : 07/02/2020
TIME ADMITTED : 02:21PM
DATE DISCHARGED : 09/02/2020
TIME DISCHARGED : 03:00PM
MRN NO :
EPISODE NO :
PATIENT IC :
DEPENDENCE IC :
STAFF NO :
PANEL CORP :
EXPIRED DATE :

PATIENT NAME

DEPENDENCE NAME

GL NO

EFFECTIVE DATE

DESCRIPTION	UNIT	CHARGE	DISCOUNT	TAX	AMOUNT
DISPOSABLES ITEMS	28	218.17	0.00	0.00	218.17
EQUIPMENT AND PROCEDURE	25	583.18	0.00	0.00	583.18
INPATIENT ADMIN FEE	1	60.00	0.00	0.00	60.00
LABORATORY CHARGES	1	48.62	0.00	0.00	48.62
MEDICAL OFFICER FEE					
DR VIMALDASS A/L P.BALASHANMUGAM	1	60.00	0.00	0.00	60.00
NURSING SERVICES	8	255.44	0.00	0.00	255.44
PHARMACEUTICAL ITEM	53	1,091.84	0.00	0.00	1,091.84
PHYSIOTHERAPY	9	332.00	0.00	0.00	332.00
SINGLE DELUXE	2	460.00	0.00	0.00	460.00
SUB TOTAL		3,109.25	0.00	0.00	3,109.25
SPECIALIST CONSULTATION FEE					
*DR VARUGHESE KOSHY	5	805.00	0.00		805.00
SUB TOTAL		805.00	0.00		805.00
TOTAL		3,914.25	0.00	0.00	3,914.25
PAYMENT					0.00
AMOUNT DUE FROM PATIENT/PAYOR				RM	3,914.25
TOTAL				RM	3,914.25
ROUNDING ADJUSTMENT					0.00
TOTAL OUTSTANDING				RM	3,914.25

CHEQUE SHOULD BE CROSSED AND PAID TO: AVISENA WOMEN & CHILDREN SDN BHD
THIS IS COMPUTER GENERATED DOCUMENT AND NO SIGNATURE REQUIRED
PAYMENT SHOULD BE MADE IN 30 DAYS FROM THE DATE OF INVOICE

STAFF NAME : AKMAL NURDINI ABD RAHMAN
PRINTED DATE : 09/02/2020