Mandaya Royal Hospital
PURI

CCC.004/17
15161602224EXP0627

BCA
RS MANDAYA ROYAL PURI
METLAND CYBER CITY
METLAND BLVRD KAV C3

TERM# C2BA8612 MERC# 000005001635546
CARD TYPE VISA BCA (FLY*)
************7724
CONTACTLESS SALE DATE/TIME 06 JUL,24 18:12
BATCH : 000265 TRACE NO: 006912
REF.NO. 006962 APPR.CODE 071156
TOTAL Rp.966,246

AID : A0000000031010
AP/AL : Visa Credit

*** SIGNATURE NOT REQUIRED ***

B807C56363/ANS0221B **Cardholder Copy**

ORIGINAL

OFFICIAL RECEIPT

TANGERANG
BANTEN INDONESIA

Printed On	: 06/07/2024
Receipt No	: R-2400059144
Receipt Date	: 06/07/2024 18:13
MRN	: 23003580
Visit ID	: V24054948
Cashier ID	: NONI.LESMANA
DOB	: 17-04-2015 (9 year(s) 2 month(s) 19 day(s))

Amount of	: SEMBILAN RATUS ENAM PULUH ENAM RIBU DUA RATUS EMPAT PULUH ENAM RUPIAH DAN DUA PULUH SEN
Being	: PAYMENT RECEIVED - THANK YOU
Remarks	: -
Paid By	: CREDIT CARD

Payment Details

Payor	: MILLY GAVRILLA NAYUKA
Bank	: CREDIT CARD BCA
Card Type	: VISA
Card No	: **** **** **** 7724
Card Expiry Date	: 11/26
Approval Code	: 071156

INVOICES APPLIED

Invoice ID	Invoice Date	Visit ID	Patient Name	Payment Mode	Adjusted Amount
S-240066994	06/07/2024	V24054948	MILLY GAVRILLA NAYUKA	CREDIT CARD	Rp966,246.20

CASHIER

Mandaya Royal Hospital
PAID

noni.lesmana

RS Mandaya Royal Puri
Jl. Metland Boulevard Lot. C-3, Metland Cyber City Puri, RT.001/RW.002, Parung Jaya, Kec. Karang Tengah, Kota Tangerang, Banten 15159
Tel : 021-5092 8888 **(Customer Care)** Email : Info@mandayaroyalhospital.com https://mandayahospitalgroup.com/

Mandaya Royal Hospital PURI

INVOICE-DETAIL

Invoice No	: S-240066994
Date	: 06/07/2024 06:12 PM
Billed By	: noni.lesmana
Visit Type	: OUTPATIENT
Visit ID	: V24054948
Registered Date / Time	: 06/07/2024 05:43 PM
Registered Doc	: dr. Suryadi Susanto, SpA
GL Ref No	: -
Policy No	: -

..TOR

MILLY GAVRILLA NAYUKA

PONDOK SURYA R/17,
TANGERANG, BANTEN, INDONESIA.

SERVICE RECIPIENT

Patient Name	: MILLY GAVRILLA NAYUKA
Patient Mailing Address	: PONDOK SURYA R/17, TANGERANG, BANTEN, INDONESIA.
BOD (Umur)	: 17-04-2015 (9 year(s) 2 month(s) 19 day(s))
MRN	: 23003580
Charge Method	: OUTPA1

CODE	DESCRIPTION	DATE	QTY	AMOUNT	DISCOUNT	TOTAL
HOSPITAL CHARGES						
ADMIN	**ADMINISTRATIVE FEE**			60,000	0	60,000
ADMOP	Outpatient Administration Fee	06/07/2024	1	60,000	0	60,000
DRUGMED	**DRUGS & MEDICINE**			506,246.18	0	506,246.18
MFLU100MGSAC01MT	FLUIMUCIL PEDIATRIC 100 MG SACHET	06/07/2024	15	106,393.5	0	106,393.5
MIMU60MLSYR000MT	IMUNAL PLUS STRAWBERRY SYR 60 ML	06/07/2024	1	140,512.68	0	140,512.68
MISP50ML000000MT	ISPRINOL 250 MG/5ML SYRUP	06/07/2024	2	219,780	0	219,780
MPRO40ML000000GE	PRORIS FORTE 200 MG/5 ML SIRUP 50 ML	06/07/2024	1	39,560	0	39,560
TOTAL HOSPITAL CHARGES (Rp):				566,246.18	0	566,246.18
TOTAL DISCOUNT:				0		0
COLLECTION ON BEHALF OF DOCTORS						400,000
dr. Suryadi Susanto, SpA (SPEPEDI007-2400001294)				400,000	0	400,000
DOCCONS	**DOCTOR CONSULTATION FEE**					
SPECONS0C	Specialist Consultation C	06/07/2024	1	400,000	0	400,000
TOTAL COLLECTION ON BEHALF OF DOCTORS:				400,000	0	400,000
ROUND OFF (Rp):						0.02
TOTAL INVOICE FOR THIS BILL (Rp):						966,246.2

Mandaya Royal Hospita
PAID

User: **Noni Lesmana** Printed on: 06/07/2024 06:13 PM