

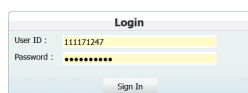
 MEDIKA LOKA MANAJEMEN		PETUNJUK TEKNIS
Kode Nomor		Penginputan Deposit Pasien Rawat Inap Ditetapkan: <u>Yulisar Khiat</u> Direktur Keuangan & Pengembangan Strategi
No. Revisi	00	
Halaman		
Tanggal Terbit:		

KETERKAITAN	KUALIFIKASI PELAKSANA
Deposit Pasien Rawat Inap	Staf Fungsional dan Kepala Urusan Kasir

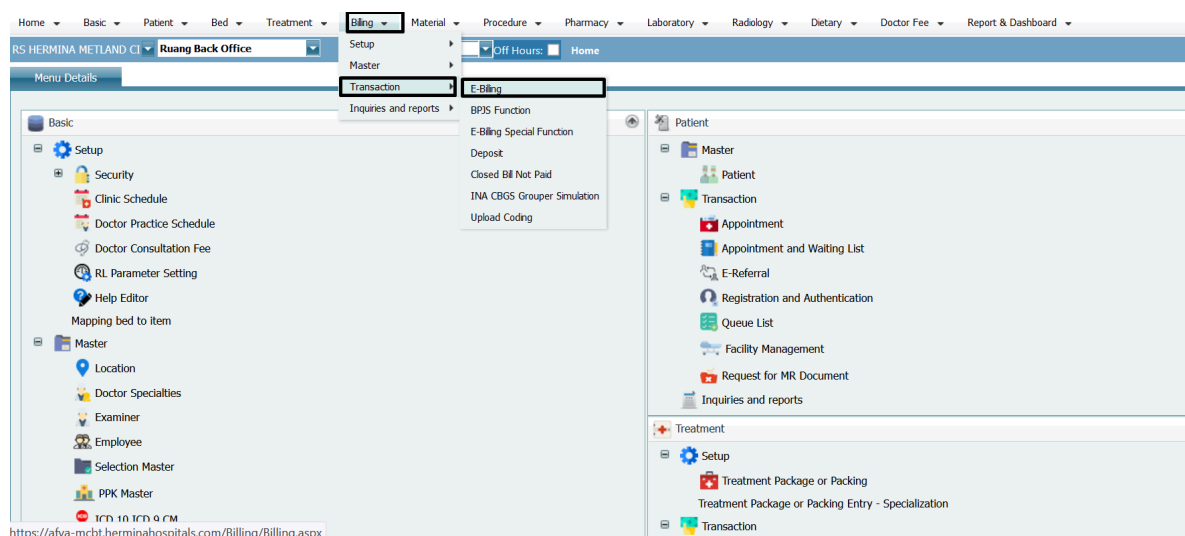
PERALATAN/PERLENGKAPAN
Perlengkapan komputer & Printer EDC Bank Kertas Stempel Kasir

LANGKAH-LANGKAH

- ❖ Sign in ke aplikasi Afya sesuai dengan link masing-masing rumah sakit
- ❖ Login user id



- ❖ Pilih menu Billing - Transaction - Ebilling untuk melakukan transaksi



- ❖ Masukkan MRN dan klik show data untuk mencari data pasien dan klik pada MRN di kolom billing

Medical Record No. :	1420023750	Billing No. :	
Patient Name :		Provider :	RS HERMINA METLAND CIBITUNG
Registered Date :	07/12/2024	Treatment Type :	-- All --
Closed Date :	-	Ward Location :	-- All --
Clinic :	-- All --	Location :	-- All --
Episode Status :	Not Closed	Guarantor :	-- All --
E-Claim Integration Status :	-- All --	Billing External :	-- All --
Combined Print Billing No. :		Billing Split :	-- All --
Merged Billing No. :		Billing No. Legacy :	
Show Data Clear			

New	Billing Control	Delete	Deposit	Payment	Function	Order	View
	☐ Billing No.						
	☐ 52412070002						
	Registered Date						
	07/12/2024 02:29:48						
	Inp						
	Medical Record No.						
	1420023750						
	Episode Status						
	Open						
	Eclaim Status						
	Patient Name						
	Ny. ASANI SEPTIANI						
	Guarantor						
	F ASURANSI ASTRA BUANA, PT						
	Location						
	Ruang Perawatan Umum Padma Kelas 3: 411 A						
	Examiner Name						
	dr. Firmansyah Adi Pradiya, Sp.OG						

Page 1 of 1 (1 items)

- ❖ Pada tab Deposit, klik tombol New

Medical Record No. :	1420023750	Treatment Type :	Inpatient, class: KLS3	Billing No. :	52412070002	Parent Billing No. :	
Patient Name :	Ny. ASANI SEPTIANI	Payment Option :	Total Billing	Episode Location :	Ruang Perawatan Padma: Ruang Perawatan Umum Padma Kelas 3: 411 A		
Doctor In Charge :	dr. Firmansyah Adi Pradiya, Sp.OG	Member No. :	A/00243356	Invoice Date :	07/12/2024 02:29:48	Closed Date :	
Guarantor :	ASURANSI ASTRA BUANA, PT	Episode Status :	Open	Total Guarantee :	0.00	Episode Status Child :	Closed
Registered Date :	07/12/2024 02:29:48	Class Patient Requested :		Health Plan :		Status Changes Class :	
☐ Billing Manual	☐ Billing Split	SEP No. :		External Referral No. :			
Total Invoice After Discount :	4,045,055.00	Diagnosis :					
Assigned Billing Class :	KLS3	Notes :					
Member No. and Class :	A/00243356, class: KELAS III						
ICD 10 :	O73.0 Retained placenta without haemorrhage						
Patient Location :							
E-claim Integration Status :							

Detail Billing Item	Deposit	Allocate Deposit	Payment	Guarantor	INA CBGS	INA CBGS Grouper Simulation					
New	Edit	Function	Print Receipt								
Deposit No.	Date	Total	Remains	Total Cash	Total Non Cash	Payment Type	Card No.	Billing No.	Receipt No.	Payer	Notes
No data to display											
No data to paginate											

- ❖ Isi notes dengan keterangan data yang diperlukan , isi amount dan input sesuai cara pembayaran Cash atau Non Cash

Patient Name :	Ny. ASANI SEPTIANI	Payment Option :	Total Billing
Doctor In Charge :	dr. Firmansyah Adi Pradiya, Sp.OG	Episode Location :	Ruang Perawatan Padma: Ruang Perawatan Umum Padma Kelas 3: 411 A
Guarantor :	ASURANSI ASTRA BUANA, PT	Member No. :	A/00243356
Registered Date :	07/12/2024 02:29:48	Invoice Date :	07/12/2024 02:29:48
☐ Billing Manual	☐ Billing Split	Episode Status :	Open
Total Invoice After Discount :	4,045,055.00	Total Guarantee :	0.00
Assigned Billing Class :	KLS3	Class Patient Requested :	
Member No. and Class :	A/00243356, class: KELAS III	Health Plan :	
ICD 10 :	O73.0 Retained placenta without haemorrhage	Status Changes Class :	
Patient Location :		External Referral No. :	
E-claim Integration Status :		Diagnosis :	
		Notes :	

Detail Billing Item	Deposit	Allocate Deposit	Payment	Guarantor	INA CBGS	INA CBGS Grouper Simulation
Deposit Entry						
Deposit No. :		Date :	07/12/2024 10:15:26			
Payer :	Ny. ASANI SEPTIANI	Notes :				
Billing No. :	52412070002					
Expired Date :		Receipt No. :				
Cash Non Cash						
Amount :						
Save Go Back						

- ❖ Lengkapi dengan data detail card pada pembayaran non tunai , lalu Klik **SAVE** pada proses akhir

- ☐ Payment type : Data EDC Bank dan Jenis card yang digunakan
- ☐ Batch number machine : Data Trace Number
- ☐ Card no : Data nomor kartu
- ☐ Amount : Nominal Deposit

Patient Name : Ny. ASANI SEPTIANI
 Doctor In Charge : dr. Firmansyah Adi Pradiya, Sp. OG
 Guarantor : ASURANSI ASTRA BUANA, PT
 Registered Date : 07/12/2024 02:29:48 Discharge Date :
☐ Billing Manual ☐ Billing Split
 Total Invoice After Discount : 4,045,055.00 Total Discount Per Item : 0.00
 Assigned Billing Class : KLS3 Occupied Class : KLS3
 Member No. and Class : A/00243356, class: KELAS III
 ICD 10 : O73.0 Retained placenta without haemorrhage
 Patient Location : Discount Allocation : Pasien
 E-claim Integration Status :
 Payment Option : Total Billing
 Episode Location : Ruang Perawatan Padma: Ruang Perawatan Umum Padma Kelas 3: 411 A
 Member No. : A/00243356
☒ Invoice Date : 07/12/2024 02:29:48 Closed Date :
 Episode Status : Open Episode Status Child : Closed
 Total Guarantee : 0.00 Health Plan :
 Class Patient Requested : Status Changes Class :
 SEP No. : External Referral No. :
 Diagnosis :
 Notes :

Detail Billing Item Deposit Allocate Deposit Payment Guarantor INA CBGS INA CBGS Grouper Simulation

Deposit Entry

Deposit No. :
 Payer :
 Billing No. :
 Expired Date :
☐ Cash ☒ Non Cash
 Payment Type :
 Batch Number Machine :
 Charge Percentage :
 Date : 07/12/2024 10:15:26
 Notes :
 Receipt No. :
 Card No. :
 Amount :
☐ Charge :
 Save Go Back

Print Deposit

- ❖ Klik billing - transaction - deposit - input medical record / nama pasien - unchecklist box “*Show the remaining amount greater than zero*” - klik show data - klik edit - klik print receipt - klik receipt with letterhead

Home Basic Patient Bed Treatment Billing Material Procedure Pharmacy Laboratory Radiology Dietary Doctor Fee Report & Dashboard

RS HERMINA METLAND CIBITUNG Ruang Back Office

Medical Record No. : 1420048101
☐ Show the remaining amount greater than zero
 Show Data
 New Edit
 Transaction
 Deposit
 Patient Name : ade hudairah
 ade hudairah
 Show Column Choose

Medical Record No.	Patient Name	Gender	Date of Birth	Home Address	Total Non Cash	Total	Remains	Cannot be allocated
1420048101	ADE HUDAIRAH. NY	P	17/02/1980	PERUM KIRANA CIKARANG BLOK B2/13	0.00	0.00	2,900,000.00	0.00

Page 1 of 1 (1 items) [1]

XLSX

Go Back
 Medical Record No. : 1420048101 ADE HUDAIRAH. NY P 17/02/1980 PERUM KIRANA CIKARANG BLOK B2/13
 Provider : RS HERMINA METLAND CIBITUNG
 Patient Name : ADE HUDAIRAH. NY

Deposit

New Edit Function Print Receipt
 Receipt
 Receipt With Letterhead

Deposit No.	Date	Summary	Total Cash	Total Non Cash	Payment Type	Card No.	Billing No.	Receipt No.	Payer	Notes
DP2411800001	18/11/2024	Summary	0.00	2,900,000.00			5241180014		ADE HUDAIRAH. NY	deposit rwi

Page 1 of 1 (1 items) [1]

- ❖ Berikan tanda tangan dan stempel pada bukti deposit , dan berikan kepada pasien



PT MEDIKA LOKA CIBITUNG
RUMAH SAKIT HERMINA METLAND CIBITUNG
Perumahan Metland Cibitung, Desa Telaga Murni, Kecamatan Cikarang Barat,
Kabupaten Bekasi 17530 Telp. (021) 88362626 (Hunting), Fax. (021) 88352626
Website : www.herminahospitals.com

KWITANSI

Telah terima dari : ADE HUDAIRAH. NY
Untuk biaya uang muka perawatan
Nama : ADE HUDAIRAH. NY
No. Rekam Medis : 14-20-04-81-01

Jumlah : # Rp. 2,900,000 #
Terbilang : DUA JUTA SEMBILAN RATUS RIBU RUPIAH

Kabupaten Bekasi, 07-12-2024
PETUGAS

Dicetak: Ristiana Dwi Astuti

(Dodi Heriza Saputra)

PERINGATAN:

Pastikan Nomor rekam medis dan nama pasien sesuai untuk setiap deposit yang akan diinput
Pastikan nominal deposit sesuai dengan pembayaran pasien
Pengeinputan deposit harus sesuai cara bayar (Tunai, Card, Qris, Transfer)