



|                  |   |                        |                   |   |                         |
|------------------|---|------------------------|-------------------|---|-------------------------|
| Kode Rumah Sakit | : | 3317027                | Kelas Rumah Sakit | : | C                       |
| Nama RS          | : | RS BHINA BHAKTI HUSADA | Jenis Tarif       | : | TARIF RS KELAS C SWASTA |

|                   |   |               |                 |   |                             |
|-------------------|---|---------------|-----------------|---|-----------------------------|
| Nomor Peserta     | : | 0000584736535 | Nomor SEP       | : | 0157R0040124V005501         |
| Nomor Rekam Medis | : | 007797        | Tanggal Masuk   | : | 30/01/2024                  |
| Umur Tahun        | : | 44            | Tanggal Keluar  | : | 03/02/2024                  |
| Umur Hari         | : | 16319         | Jenis Perawatan | : | 1 - Rawat Inap              |
| Tanggal Lahir     | : | 27/05/1979    | Cara Pulang     | : | 1 - Atas Persetujuan Dokter |
| Jenis Kelamin     | : | 2 - Perempuan | LOS             | : | 5 hari                      |
| Kelas Perawatan   | : | 3 - Kelas 3   | Berat Lahir     | : | -                           |

|                   |   |       |                                                               |
|-------------------|---|-------|---------------------------------------------------------------|
| Diagnosa Utama    | : | E11.9 | Non-insulin-dependent diabetes mellitus without complications |
| Diagnosa Sekunder | : | A01.0 | Typhoid fever                                                 |
|                   |   | E87.6 | Hypokalaemia                                                  |

|          |   |       |                                                                 |
|----------|---|-------|-----------------------------------------------------------------|
| Prosedur | : | 90.59 | Microscopic examination of blood, Other microscopic examination |
|          |   | 87.49 | Other chest x-ray                                               |

|               |   |   |             |   |   |
|---------------|---|---|-------------|---|---|
| ADL Sub Acute | : | - | ADL Chronic | : | - |
|---------------|---|---|-------------|---|---|

### Hasil Grouping

|             |   |            |                                                              |    |              |
|-------------|---|------------|--------------------------------------------------------------|----|--------------|
| INA-CBG     | : | E-4-10-III | PENYAKIT KENCING MANIS & GANGGUAN NUTRISI/ METABOLIK (BERAT) | Rp | 6,262,900.00 |
| Sub Acute   | : | -          | -                                                            | Rp | 0.00         |
| Chronic     | : | -          | -                                                            | Rp | 0.00         |
| Special CMG | : | -          | -                                                            | Rp | 0.00         |
| Total Tarif | : |            |                                                              | Rp | 6,262,900.00 |