

**KINDLY CALL THIS NUMBER OR EMAIL WITHIN 2 DAYS
PLEASE BRING YOUR RECEIPT TO COLLECT YOUR RESULT**

ER ADMC - 03-78399205

rsdh.admc.medreport@ramsaysimedarbyhealth.com

People caring for people

Ara Damansara Medical Centre Sdn Bhd (876408T)

T : +(603) 5639 1212

F : +(603) 7846 0925

E : healthcare@ramsaysimedarbyhealth.com

W : www.ramsaysimedarby.asia

Lot 2, Jalan Lapangan Terbang Subang

Seksyen U2

40150 SHAH ALAM

SELANGOR, MALAYSIA

OFFICIAL RECEIPT (ORIGINAL)

MRN /Corporate No 300061423 **Receipt No** : 32576822
Payer : **Date / Time** : 16/12/2020 12:34:33F
Patient Name : ALIAA NADIRAH BINTI KAMARUDDIN **Cashier / Counter** : KHAIRUL ANUAR BIN KHAIRUDIN / C
Address :

PAYMENT DETAILS

Mode of Payment MASTER-MBB **Credit Card No** : XXXX-XXXX-XXXX-0433
Expiry : 11-23 **Approval Code** :
AMOUNT (RM): 295.00
Ringgit Malaysia: Two hundred ninety-five and Cent zero only.

INVOICES APPLIED TO:

<u>Invoice No</u>	<u>Invoice Date</u>	<u>Visit ID</u>	<u>Adjustment Amount</u>
20621045	16/12/2020	493647	295.00

This receipt is valid subject to clearance of the payment .

KHAIRUL ANUAR BIN KHAIRUDIN - 16/12/2020 12:34:33PM

This is a computer generated document. No signature is required.

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40150 SHAH ALAM

SELANGOR, MALAYSIA

PATIENT BILL

Patient Allocation

Format : Detail

ALIAA NADIRAH BINTI KAMARUDIN

MALAYSIA

BILL NO : AD-ER 20621045
 BILL DATE : 16/12/2020
 PATIENT NAME : ALIAA NADIRAH BINTI KAMARUDIN
 IC / PASSPORT NO : 910723145450
 MEDICAL RECORD NO : 300061423
 VISIT ID : AD-ER 493647
 VISIT TYPE : EMERGENCY
 BED NO / WARD : Emergency Room
 ADMITTING DOCTOR : DR HILWANI KAHARUDDIN
 ADMISSION DATE & TIME : 16/12/2020

EMPLOYEE NAME :
 RELATION :
 EMPLOYEE NO :
 GL REFERENCE NO :
 CREDIT TERM :
 FINANCIAL TYPE : SELF-PAY

Service Code	Description Of Services	Qty	Gross Amount	Discount	Allocated Amount
HOSPITAL CHARGES					
HOSPITAL MEDICAL SERVICES					
Emergency Medical Service					
8734	MO Procedure - Covid-19 Sampling Service	1	30.00	0.00	30.00
8733	PPE Supplies for Screening	1	20.00	0.00	20.00
		2	50.00	0.00	50.00
Laboratory					
71827	COVID-19 PCR	1	245.00	0.00	245.00
		1	245.00	0.00	245.00
	Total HOSPITAL MEDICAL SERVICES	3	295.00	0.00	295.00
	Total HOSPITAL CHARGES	3	295.00	0.00	295.00
	GRAND TOTAL	3	295.00	0.00	295.00

AMOUNT DUE 295.00



Biller Code: 79350
 Ref-1: 206210452
 Ref-2: 300061423

JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account