

LAMPIRAN

Surat Direktur Jenderal Perimbangan Keuangan

Nomor : S- 336 /PK/2019

Tanggal : 28 Agustus 2019

HASIL KOORDINASI EVALUASI RAPERDA KOTA BANJARMASIN Tentang Retribusi Pelayanan Kesehatan

Kode Daerah:1611

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan |
|-----|---|--|---|---|
| 1. | Nama | <p style="text-align: center;">Pasal 2</p> <p>(1) Dengan Nama Retribusi Pelayanan Kesehatan dipungut Retribusi sebagai pembayaran atas pelayanan kesehatan di Dinas Kesehatan, Rumah Sakit Umum Daerah, Laboratorium Kesehatan, Puskesmas dan Jaringannya.</p> | <p style="text-align: center;">Pasal 2</p> <p>(1) Dengan Nama Retribusi Pelayanan Kesehatan dipungut Retribusi atas pelayanan kesehatan yang diselenggarakan oleh Pemerintah Daerah.</p> | Legal drafting disesuaikan dengan UU Nomor 28 Tahun 2009. |
| 2. | Objek | <p style="text-align: center;">Pasal 2</p> <p>(2) Objek Retribusi Pelayanan Kesehatan adalah pelayanan kesehatan di puskesmas, puskesmas keliling, puskesmas pembantu, rumah sakit umum daerah, klinik, griya sehat dan tempat pelayanan kesehatan lainnya yang sejenis yang dimiliki dan/atau dikelola oleh Pemerintah Daerah, kecuali pelayanan pendaftaran.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| 3. | Subjek | <p style="text-align: center;">Pasal 2</p> <p>(3) Subjek Retribusi adalah orang/badan yang mendapat dan atau memerlukan pelayanan kesehatan.</p> | <p style="text-align: center;">Pasal 2</p> <p>(3) Subjek Retribusi adalah orang atau badan yang mendapatkan jasa pelayanan kesehatan di puskesmas, puskesmas keliling, puskesmas pembantu, rumah sakit umum daerah, klinik, griya sehat dan tempat pelayanan kesehatan lainnya yang sejenis yang diselenggarakan oleh Pemerintah Daerah.</p> | Legal drafting disesuaikan dengan UU Nomor 28 Tahun 2009. |
| 4. | Golongan Retribusi | <p style="text-align: center;">Pasal 3</p> <p>Retribusi Pelayanan Kesehatan digolongkan sebagai retribusi Jasa Umum.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| 5. | Cara Mengukur Tingkat Penggunaan Jasa | <p style="text-align: center;">Pasal 4</p> <p>Tingkat Penggunaan jasa diukur berdasarkan frekuensi dan jenis pelayanan.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| 6. | Prinsip Penetapan Struktur dan Besarnya Tarif Retribusi | <p style="text-align: center;">Pasal 5</p> <p>Prinsip dan sasaran dalam penetapan struktur dan besarnya tarif retribusi didasarkan pada Kebijakan Daerah dengan mempertimbangkan biaya penyediaan jasa yang bersangkutan, sarana yang digunakan, kemampuan</p> | <p style="text-align: center;">Pasal 5</p> <p>Prinsip dan sasaran dalam penetapan struktur dan besarnya tarif retribusi adalah untuk menutup ...(seluruh atau sebagian) biaya penyediaan jasa dengan mempertimbangkan biaya penyediaan jasa yang bersangkutan,</p> | <ul style="list-style-type: none"> • Disesuaikan dengan UU No. 28 Tahun 2009 tentang Pajak Daerah dan Retribusi Daerah. • Prinsip dan sasaran |

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|-----|---------------------------------------|---|---|--|
| | | masyarakat, aspek keadilan, dan efektivitas pengendalian atas pelayanan tersebut. | sarana yang digunakan, kemampuan masyarakat, aspek keadilan, dan efektivitas pengendalian atas pelayanan tersebut. | penetapan besaran tarif retribusi disesuaikan dengan tujuan pengenaan retribusi atas pelayanan tersebut. |
| 7. | Struktur dan Besarnya Tarif Retribusi | <p style="text-align: center;">Pasal 6</p> <p>Besarnya retribusi yang dikenakan kepada Subjek Retribusi adalah sebagaimana diatur dalam Lampiran I, Lampiran II, dan Lampiran III yang merupakan bagian tidak terpisahkan dari Peraturan Daerah ini.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| | | <p style="text-align: center;">Pasal 7</p> <p>(1) Tarif Retribusi ditinjau kembali paling lama 3 (tiga) tahun sekali.</p> <p>(2) Peninjauan tarif Retribusi sebagaimana dimaksud pada ayat (1) dilakukan dengan memperhatikan indeks harga dan perkembangan perekonomian.</p> <p>(3) Penetapan tarif Retribusi sebagaimana dimaksud pada ayat (2) ditetapkan dengan Peraturan Walikota.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| | | <p style="text-align: center;">Pasal 8</p> <p>(1) Komponen tarif retribusi untuk setiap jenis pelayanan sebagaimana dimaksud pada pasal 5 ayat (1) terdiri atas :</p> <p style="margin-left: 20px;">a. Jasa pelayanan</p> <p style="margin-left: 20px;">b. Jasa Sarana</p> <p>(2) Komponen jasa sarana sebagaimana dimaksud pada ayat satu (1) total tarif pelayanan yang merupakan imbalan yang diterima oleh Rumah Sakit atas pemakaian akomodasi, bahan non medis, obat-obatan, bahan/alat kesehatan habis pakai yang digunakan langsung dalam rangka Pelayanan Medis dan Pelayanan Penunjang Medis.</p> <p>(3) Komponen jasa pelayanan sebagaimana dimaksud pada ayat satu (1) yang merupakan imbalan yang diterima oleh pemberi pelayanan atas jasa yang diberikan kepada pasien dalam rangka Pelayanan Medis,</p> | <p style="text-align: center;">Pasal 8</p> <p>(1) Komponen tarif retribusi untuk setiap jenis pelayanan sebagaimana dimaksud pada pasal 5 ayat (1) terdiri atas :</p> <p style="margin-left: 20px;">a. Jasa sarana</p> <p style="margin-left: 20px;">b. Jasa pelayanan</p> <p>(2) Komponen jasa sarana sebagaimana dimaksud pada ayat satu (1) total tarif pelayanan yang merupakan imbalan yang diterima oleh Rumah Sakit atas pemakaian akomodasi, bahan non medis, obat-obatan, bahan/alat kesehatan habis pakai yang digunakan langsung dalam rangka Pelayanan Medis dan Pelayanan Penunjang Medis.</p> <p>(3) Komponen jasa pelayanan sebagaimana dimaksud pada ayat satu (1) yang merupakan imbalan yang diterima oleh pemberi pelayanan atas</p> | Legal drafting disesuaikan dengan UU Nomor 28 Tahun 2009. |

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| | | LAMPIRAN I DAFTAR TARIF RETRIBUSI PELAYANAN KESEHATAN DI PUSKESMAS | LAMPIRAN I DAFTAR TARIF RETRIBUSI PELAYANAN KESEHATAN DI PUSKESMAS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Rawat jalan dokter gigi | 10,000 | 6,000 | 4,000 | | | 3. Rawat jalan pelayanan dokter spesialis | 30,000 | 18,000 | 12,000 | | | 4. Rawat jalan pelayanan dokter spesialis luar | 40,000 | 32,000 | 8,000 | | II. | Rawat Inap / PONED | | | | | | 1. Visite dokter spesialis | 60,000 | 48,000 | 12,000 | | | 2. Konsul via telpon dokter spesialis | 20,000 | 18,000 | 2,000 | | | 3. Visite dokter umum per datang | 10,000 | 6,000 | 4,000 | | | 4. Jaga perawat / bidan per orang | 10,000 | 6,000 | 4,000 | | | 5. Akomodasi Perhari | 120,000 | 72,000 | 48,000 | | | 6. Perawatan Ibu dan Anak Perhari | 50,000 | 30,000 | 20,000 | | | 7. Laundry | 30,000 | 18,000 | 12,000 | | III. | Layanan 24 Jam/UGD | | | | | | 1. Pemeriksaan dokter jaga | 15,000 | 9,000 | 6,000 | | | 2. Pemeriksaan Paramedis | 10,000 | 6,000 | 4,000 | | | 3. Laundry | 30,000 | 18,000 | 12,000 | | IV. | Tindakan Gigi dan Mulut | | | | | | 1. 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| | | Jumlah Tarif (Rp) | Jasa Pelayanan (Rp) | Jasa Sarana (Rp) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Rawat Jalan di Puskesmas dan Jaringannya | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Rawat jalan dokter umum | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Rawat jalan dokter gigi | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Rawat jalan pelayanan dokter spesialis | 30,000 | 18,000 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Rawat jalan pelayanan dokter spesialis luar | 40,000 | 32,000 | 8,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. | Rawat Inap / PONED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Visite dokter spesialis | 60,000 | 48,000 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Konsul via telpon dokter spesialis | 20,000 | 18,000 | 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Visite dokter umum per datang | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Jaga perawat / bidan per orang | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. Akomodasi Perhari | 120,000 | 72,000 | 48,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Perawatan Ibu dan Anak Perhari | 50,000 | 30,000 | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7. Laundry | 30,000 | 18,000 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. | Layanan 24 Jam/UGD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Pemeriksaan dokter jaga | 15,000 | 9,000 | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Pemeriksaan Paramedis | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Laundry | 30,000 | 18,000 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. | Tindakan Gigi dan Mulut | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Cabut gigi susu | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. | JENIS PEMERIKSAAN | RETRIBUSI | | | Ket | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Jumlah Tarif (Rp) | Jasa Pelayanan (Rp) | Jasa Sarana (Rp) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Rawat Jalan di Puskesmas dan Jaringannya | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Rawat jalan dokter umum | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Rawat jalan dokter gigi | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Rawat jalan pelayanan dokter spesialis | 30,000 | 18,000 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Rawat jalan pelayanan dokter spesialis luar | 40,000 | 32,000 | 8,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. | Rawat Inap / PONED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Visite dokter spesialis | 60,000 | 48,000 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Konsul via telpon dokter spesialis | 20,000 | 18,000 | 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Visite dokter umum per datang | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Jaga perawat / bidan per orang | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. Akomodasi Perhari | 120,000 | 72,000 | 48,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6. Perawatan Ibu dan Anak Perhari | 50,000 | 30,000 | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7. Laundry | 30,000 | 18,000 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. | Layanan 24 Jam/UGD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Pemeriksaan dokter jaga | 15,000 | 9,000 | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. Pemeriksaan Paramedis | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Laundry | 30,000 | 18,000 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. | Tindakan Gigi dan Mulut | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Cabut gigi susu | 10,000 | 6,000 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mr

o

| No. | Materi Raperda | Rumusan Raperda | | | Rekomendasi | | | Keterangan | | |
|-----|----------------|--|---------|---------|-------------|--|---------|------------|---------|--|
| | | 2. Cabut gigi susu dengan komplikasi | 12,000 | 7,200 | 4,800 | 2. Cabut gigi susu dengan komplikasi | 12,000 | 7,200 | 4,800 | |
| | | 3. Cabut gigi tetap seri, taring | 12,000 | 7,200 | 4,800 | 3. Cabut gigi tetap seri, taring | 12,000 | 7,200 | 4,800 | |
| | | 4. Cabut pre molar 1, premolar 2, molar 1,2 & 3 | 20,000 | 12,000 | 8,000 | 4. Cabut pre molar 1, premolar 2, molar 1,2 & 3 | 20,000 | 12,000 | 8,000 | |
| | | 4. Cabut gigi tetap dengan penyulit | 30,000 | 18,000 | 12,000 | 4. Cabut gigi tetap dengan penyulit | 30,000 | 18,000 | 12,000 | |
| | | 5. dst... | ... | ... | ... | 5. dst... | ... | ... | ... | |
| | | V. Tindakan Medik | | | | V. Tindakan Medik | | | | |
| | | 1. Debridement per luka | 15,000 | 6,600 | 8,400 | 1. Debridement per luka | 15,000 | 6,600 | 8,400 | |
| | | 2. Jahit luka luar | | | | 2. Jahit luka luar | | | | |
| | | a. Jahit luka 1-5 jahitan | 20,000 | 12,000 | 8,000 | a. Jahit luka 1-5 jahitan | 20,000 | 12,000 | 8,000 | |
| | | b. Jahit luka 6-10 jahitan | 30,000 | 18,000 | 12,000 | b. Jahit luka 6-10 jahitan | 30,000 | 18,000 | 12,000 | |
| | | c. Jahit luka > 10 jahitan | 40,000 | 24,000 | 16,000 | c. Jahit luka > 10 jahitan | 40,000 | 24,000 | 16,000 | |
| | | 3. Jahit luka dalam | | | | 3. Jahit luka dalam | | | | |
| | | a. Jahit luka 1-5 jahitan | 30,000 | 18,000 | 12,000 | a. Jahit luka 1-5 jahitan | 30,000 | 18,000 | 12,000 | |
| | | b. Jahit luka 6-10 jahitan | 50,000 | 30,000 | 20,000 | b. Jahit luka 6-10 jahitan | 50,000 | 30,000 | 20,000 | |
| | | c. Jahit luka > 10 jahitan | 70,000 | 42,000 | 28,000 | c. Jahit luka > 10 jahitan | 70,000 | 42,000 | 28,000 | |
| | | 4. Lepas jahitan | | | | 4. Lepas jahitan | | | | |
| | | a. Lepas jahitan 1-5 jahitan | 10,000 | 6,000 | 4,000 | a. Lepas jahitan 1-5 jahitan | 10,000 | 6,000 | 4,000 | |
| | | b. Lepas jahitan 6-10 jahitan | 15,000 | 9,000 | 6,000 | b. Lepas jahitan 6-10 jahitan | 15,000 | 9,000 | 6,000 | |
| | | 5. dst... | | | | 5. dst... | | | | |
| | | a. dst... | ... | ... | ... | a. dst... | ... | ... | ... | |
| | | VI. Tindakan Obstetri dan Ginekologi | | | | VI. Tindakan Obstetri dan Ginekologi | | | | |
| | | A. Tindakan Ginekologi | | | | A. Tindakan Ginekologi | | | | |
| | | 1. Pemasangan IUD | 50,000 | 30,000 | 20,000 | 1. Pemasangan IUD | 50,000 | 30,000 | 20,000 | |
| | | 2. Pelepasan IUD | 75,000 | 45,000 | 30,000 | 2. Pelepasan IUD | 75,000 | 45,000 | 30,000 | |
| | | 3. Pemasangan implant | 50,000 | 30,000 | 20,000 | 3. Pemasangan implant | 50,000 | 30,000 | 20,000 | |
| | | 4. Pelepasan implant | 50,000 | 30,000 | 20,000 | 4. Pelepasan implant | 50,000 | 30,000 | 20,000 | |
| | | 5. Terapi Kyro IVA + | 150,000 | 90,000 | 60,000 | 5. Terapi Kyro IVA + | 150,000 | 90,000 | 60,000 | |
| | | 6. Biaya pengambilan pap smear / IVA | 25,000 | 15,000 | 10,000 | 6. Biaya pengambilan pap smear / IVA | 25,000 | 15,000 | 10,000 | |
| | | B. Tindakan Obstetri dan PONED | | | | B. Tindakan Obstetri dan PONED | | | | |
| | | 5. Persalinan normal di Puskesmas dan jaringannya | 700,000 | 560,000 | 140,000 | 5. Persalinan normal di Puskesmas dan jaringannya | 700,000 | 560,000 | 140,000 | |
| | | 6. Persalinan normal pervaginam normal oleh Dokter | 800,000 | 640,000 | 160,000 | 6. Persalinan normal pervaginam normal oleh Dokter | 800,000 | 640,000 | 160,000 | |

| No. | Materi Raperda | Rumusan Raperda | | | | | Rekomendasi | | | | | Keterangan | | |
|-----|----------------|-----------------|---|---------|--------|--------|-------------|-----|-----|-----|-----|------------|--|--|
| | | 8. dst... | ... | ... | ... | ... | 8. dst... | ... | ... | ... | ... | | | |
| | | VII. | Tindakan Fisioterapi | | | | | | | | | | | |
| | | | 1. Tindakan I (1 areal yang diterapi) | 15,000 | 4,400 | 5,600 | | | | | | | | |
| | | | 2. Tindakan II (2 areal yang diterapi) | 25,000 | 11,000 | 14,000 | | | | | | | | |
| | | | 3. Tindakan III (2 areal plus manual terapi) | 30,000 | 13,200 | 16,800 | | | | | | | | |
| | | | 4. Tindakan IV (>3 areal plus manual terapi) | 35,000 | 15,400 | 19,600 | | | | | | | | |
| | | | 5. Paket | 50,000 | 22,000 | 28,000 | | | | | | | | |
| | | VIII. | Surat Keterangan Pemeriksaan / Pengujian Kes | | | | | | | | | | | |
| | | | 1. Pemeriksaan kesehatan umum | 10,000 | 6,000 | 4,000 | | | | | | | | |
| | | | 2. Calon pengantin | 15,000 | 6,600 | 8,400 | | | | | | | | |
| | | | 3. Pendidikan/ penataran bagi PNS | 15,000 | 9,000 | 6,000 | | | | | | | | |
| | | | 4. Surat keterangan sakit | 10,000 | 6,000 | 4,000 | | | | | | | | |
| | | | 5. Surat ijin pengambilan data penelitian | - | - | - | | | | | | | | |
| | | | a. D-III | 10,000 | 6,000 | 4,000 | | | | | | | | |
| | | | b. S1 | 15,000 | 9,000 | 6,000 | | | | | | | | |
| | | | e. S2 | 50,000 | 30,000 | 20,000 | | | | | | | | |
| | | | d. S3 | 100,000 | 60,000 | 40,000 | | | | | | | | |
| | | | 6. Keterangan kehamilan/persalinan | 10,000 | 6,000 | 4,000 | | | | | | | | |
| | | | 7. Surat keterangan tidak buta warna | 15,000 | 9,000 | 6,000 | | | | | | | | |
| | | | 8. dst... | ... | ... | ... | | | | | | | | |
| | | IX | Pemeriksaan Penunjang Diagnostik | | | | | | | | | | | |
| | | | 1. Radiologi | | | | | | | | | | | |
| | | | a. Film 35 x 35 | 40,000 | 17,600 | 22,400 | | | | | | | | |
| | | | b. Film 24 x 30 | 30,000 | 13,200 | 16,800 | | | | | | | | |
| | | | c. Jasa Baca Hasil | 20,000 | 20,000 | 0 | | | | | | | | |
| | | | 2. Radiologi Gigi | | | | | | | | | | | |
| | | | a. Film | 20,000 | 8,800 | 11,200 | | | | | | | | |
| | | VII. | Tindakan Fisioterapi | | | | | | | | | | | |
| | | | 1. Tindakan I (1 areal yang diterapi) | 15,000 | 4,400 | 5,600 | | | | | | | | |
| | | | 2. Tindakan II (2 areal yang diterapi) | 25,000 | 11,000 | 14,000 | | | | | | | | |
| | | | 3. Tindakan III (2 areal plus manual terapi) | 30,000 | 13,200 | 16,800 | | | | | | | | |
| | | | 4. Tindakan IV (>3 areal plus manual terapi) | 35,000 | 15,400 | 19,600 | | | | | | | | |
| | | | 5. Paket | 50,000 | 22,000 | 28,000 | | | | | | | | |
| | | VIII. | Pemeriksaan Kesehatan untuk penerbitan Surat Keterangan | | | | | | | | | | | |
| | | | 1. Pemeriksaan kesehatan umum | 10,000 | 6,000 | 4,000 | | | | | | | | |
| | | | 2. Calon pengantin | 15,000 | 6,600 | 8,400 | | | | | | | | |
| | | | 3. Pendidikan/ penataran bagi PNS | 15,000 | 9,000 | 6,000 | | | | | | | | |
| | | | 4. (dihapus) | | | | | | | | | | | |
| | | | 5. (dihapus) | | | | | | | | | | | |
| | | | 6. (dihapus) | 10,000 | 6,000 | 4,000 | | | | | | | | |
| | | | 7. Surat keterangan tidak buta warna | 15,000 | 9,000 | 6,000 | | | | | | | | |
| | | | 8. dst... | ... | ... | ... | | | | | | | | |
| | | IX | Pemeriksaan Penunjang Diagnostik | | | | | | | | | | | |
| | | | 1. Radiologi | | | | | | | | | | | |
| | | | a. Film 35 x 35 | 40,000 | 17,600 | 22,400 | | | | | | | | |
| | | | b. Film 24 x 30 | 30,000 | 13,200 | 16,800 | | | | | | | | |
| | | | c. Jasa Baca Hasil | 20,000 | 20,000 | 0 | | | | | | | | |
| | | | 2. Radiologi Gigi | | | | | | | | | | | |
| | | | a. Film | 20,000 | 8,800 | 11,200 | | | | | | | | |

- Pada judul struktur tarif agar dilengkapi menjadi "Tarif pemeriksaan kesehatan untuk penerbitan surat keterangan"
- Biaya penerbitan surat keterangan sakit/rawat inap dan surat keterangan lain yang terkait dengan pelayanan medis merupakan bagian dari pelayanan medis.

| No. | Materi Raperda | Rumusan Raperda | | | | Rekomendasi | | | | Keterangan | |
|-----|----------------|--|---------|---------|---------|-------------|---|---------|---------|------------|--|
| | | 1. Pemeriksaan Kesehatan CJH Reguler diluar penunjang a. Laki Laki - Rawat jalan dokter umum - Darah Rutin/Hematologi Analizer + LED - Urine Rutin - Golongan Darah - Gula darah sewaktu - Kimia klinik (kolesterol total, trigleserida, SGOT, SGPT, asam urat, ureum, kreatinin) | 200,000 | 88,000 | 112,000 | | | | | | |
| | | b.Perempuan - Rawat jalan dokter umum - Darah Rutin/Hematologi Analizer - Urine Rutin - Golongan Darah - Gula darah sewaktu - Test Kehamilan/ PP Test untuk perempuan - Kimia Klinik (Kolesterol Total, trigleserida,SGOT, SGPT, asam urat, ureum, kreatinin) | 215,000 | 94,600 | 120,400 | | | | | | |
| | | 2. Pemeriksaan Kesehatan CJH Plus a. Laki Laki - Pemeriksaan CJH Regular - Foto Rontgen - EKG - Suntik Vaksin Flu - Konsultasi Gizi - Test Kebugaran | 535,000 | 235,400 | 299,600 | | | | | | |
| | | b.Perempuan - Pemeriksaan CJH Regular - Foto Rontgen - EKG - Suntik Vaksin Flu - Konsultasi Gizi - Test Kebugaran | 550,000 | 242,000 | 308,000 | | | | | | |
| | | | | | | I | Umroh 1. Pemeriksaan Kesehatan CJH Reguler diluar penunjang a. Laki Laki - Rawat jalan dokter umum - Darah Rutin/Hematologi Analizer + LED - Urine Rutin - Golongan Darah - Gula darah sewaktu - Kimia klinik (kolesterol total, trigleserida, SGOT, SGPT, asam urat, ureum, kreatinin) | 200,000 | 88,000 | 112,000 | |
| | | | | | | | b.Perempuan - Rawat jalan dokter umum - Darah Rutin/Hematologi Analizer - Urine Rutin - Golongan Darah - Gula darah sewaktu - Test Kehamilan/ PP Test untuk perempuan - Kimia Klinik (Kolesterol Total, trigleserida,SGOT, SGPT, asam urat, ureum, kreatinin) | 215,000 | 94,600 | 120,400 | |
| | | | | | | | 2. Pemeriksaan Kesehatan CJH Plus a. Laki Laki - Pemeriksaan CJH Regular - Foto Rontgen - EKG - Suntik Vaksin Flu - Konsultasi Gizi - Test Kebugaran | 535,000 | 235,400 | 299,600 | |
| | | | | | | | b.Perempuan - Pemeriksaan CJH Regular - Foto Rontgen - EKG - Suntik Vaksin Flu - Konsultasi Gizi | 550,000 | 242,000 | 308,000 | |

| No. | Materi Raperda | Rumusan Raperda | | | | Rekomendasi | | | | Keterangan | |
|-----|----------------|--|---------|---------|---------|-------------|-------------------------------|---------|---------|------------|--|
| | | 3. Pemeriksaan Kesehatan Umroh | | | | | | | | | |
| | | a. Laki Laki | 535,000 | 235,400 | 299,600 | | | | | | |
| | | - Pemeriksaan CJH Regular | | | | | 535,000 | 235,400 | 299,600 | | |
| | | - Foto Rontgen | | | | | | | | | |
| | | - EKG | | | | | | | | | |
| | | - Suntik Vaksin Flu | | | | | | | | | |
| | | - Konsultasi Gizi | | | | | | | | | |
| | | - Test Kebugaran | | | | | | | | | |
| | | b. Perempuan | 550,000 | 242,000 | 308,000 | | | | | | |
| | | - Pemeriksaan CJH Regular | | | | | 550,000 | 242,000 | 308,000 | | |
| | | - Foto Rontgen | | | | | | | | | |
| | | - EKG | | | | | | | | | |
| | | - Suntik Vaksin Flu | | | | | | | | | |
| | | - Konsultasi Gizi | | | | | | | | | |
| | | - Test Kebugaran | | | | | | | | | |
| | XIV | Konsultasi Kesehatan | | | | | | | | | |
| | | 1. Sanitasi | 5,000 | 3,000 | 2,000 | XIV | Konsultasi Kesehatan | | | | |
| | | 2. Gizi | 5,000 | 3,000 | 2,000 | | 1. Sanitasi | 5,000 | 3,000 | 2,000 | |
| | | 3. Farmasi | 5,000 | 3,000 | 2,000 | | 2. Gizi | 5,000 | 3,000 | 2,000 | |
| | | 4. KIA-KB | 10,000 | 6,000 | 4,000 | | 3. Farmasi | 5,000 | 3,000 | 2,000 | |
| | | 5. Remaja | 5,000 | 3,000 | 2,000 | | 4. KIA-KB | 10,000 | 6,000 | 4,000 | |
| | | | | | | | 5. Remaja | 5,000 | 3,000 | 2,000 | |
| | XV | Lainnya | | | | XV | Lainnya | | | | |
| | | 1. Test kebugaran | 15,000 | 6,600 | 8,400 | | 1. Test kebugaran | 15,000 | 6,600 | 8,400 | |
| | | 2. Test kesehatan CPNS ke PNS | 150,000 | 90,000 | 60,000 | | 2. Test kesehatan CPNS ke PNS | 150,000 | 90,000 | 60,000 | |
| | | 2. Pemakaian Mobil Pusling | - | - | - | | 2. (dihapus) | | | | |
| | | -a. Pemakaian s/d 10 Km | 35,000 | 21,000 | 14,000 | | | | | | |
| | | -b. Pemakaian > 10 Km | 5,000 | 4,500 | 500 | | | | | | |
| | | (dihitung tambahan/Km) | | | | | | | | | |
| | | 3. Surat keterangan membawa mayat keluar daerah | 100,000 | 60,000 | 40,000 | | 3. (dihapus) | | | | |
| | | 4. Praktik Pendidikan Kesehatan (Klinik/Non Klinik Lab/Masyarakat per orang) | - | - | - | | 4. (dihapus) | | | | |
| | | a. < D-III | 50,000 | 30,000 | 20,000 | | | | | | |
| | | b. D-IV S1/ sederajat | 75,000 | 45,000 | 30,000 | | | | | | |
| | | c. S-2 / PPDS 1 / sederajat | 125,000 | 75,000 | 50,000 | | | | | | |
| | | d. Profesi | 100,000 | 60,000 | 40,000 | | | | | | |

- Mobil pusling seyogyanya tidak digunakan untuk kepentingan pribadi melainkan hanya untuk pelayanan kesehatan.
- Biaya penerbitan surat keterangan membawa mayat seyogyanya menjadi bagian dari bagian pelayanan medis atas perawatan jenazah.
- Praktik pendidikan kesehatan tidak termasuk pelayanan kesehatan.

| No. | Materi Raperda | Rumusan Raperda | | | | Rekomendasi | | | | Keterangan |
|-----|----------------|--|---------|---------|--------|--|---------|--------|--------|------------|
| | | 5. Kaji banding | - | - | - | | | | | |
| | | a. Akomodasi | 45,000 | 45,000 | - | 5. (dihapus) | | | | |
| | | b. Narasumber | 350,000 | 350,000 | - | 6. VCT HIV | 30,000 | 18,000 | 12,000 | |
| | | 6. VCT HIV | 30,000 | 18,000 | 12,000 | 7. Home Care | 100,000 | 60,000 | 40,000 | |
| | | 7. Home Care | 100,000 | 60,000 | 40,000 | | | | | |
| | | XVI Alternatif dan Komplementer | | | | XVI Alternatif dan Komplementer | | | | |
| | | 1. Akupresur | 10,000 | 6,000 | 4,000 | 1. Akupresur | 10,000 | 6,000 | 4,000 | |
| | | 2. Akupuntur dan alat | 25,000 | 15,000 | 10,000 | 2. Akupuntur dan alat | 25,000 | 15,000 | 10,000 | |
| | | 3. Pijat Bayi | 10,000 | 6,000 | 4,000 | 3. Pijat Bayi | 10,000 | 6,000 | 4,000 | |
| | | XVII Laboratorium | | | | XVII Laboratorium | | | | |
| | | A. Hematologi | | | | A. Hematologi | | | | |
| | | 1. Hematologi Analizer | 50,000 | 20,000 | 30,000 | 1. Hematologi Analizer | 50,000 | 20,000 | 30,000 | |
| | | 2. LED | 3,000 | 1,200 | 1,800 | 2. LED | 3,000 | 1,200 | 1,800 | |
| | | 3. Masa perdarahan | 5,000 | 2,000 | 3,000 | 3. Masa perdarahan | 5,000 | 2,000 | 3,000 | |
| | | 4. Masa pembekuan | 15,000 | 6,000 | 9,000 | 4. Masa pembekuan | 15,000 | 6,000 | 9,000 | |
| | | B. Kimia Klinik | | | | B. Kimia Klinik | | | | |
| | | 1. Kolesterol Total | 15,000 | 6,000 | 9,000 | 1. Kolesterol Total | 15,000 | 6,000 | 9,000 | |
| | | 2. Trigliserida | 20,000 | 8,000 | 12,000 | 2. Trigliserida | 20,000 | 8,000 | 12,000 | |
| | | 3. HDL Kolesterol | 35,000 | 14,000 | 21,000 | 3. HDL Kolesterol | 35,000 | 14,000 | 21,000 | |
| | | 4. dst... | ... | ... | ... | 4. dst... | ... | ... | ... | |
| | | C. Mikrobiologi dan Parasitologi | | | | C. Mikrobiologi dan Parasitologi | | | | |
| | | 1. BTA | 15,000 | 6,000 | 9,000 | 1. BTA | 15,000 | 6,000 | 9,000 | |
| | | 2. Malaria Mikrokopis | 10,000 | 4,000 | 6,000 | 2. Malaria Mikrokopis | 10,000 | 4,000 | 6,000 | |
| | | 3. Microfilaria mikroskopis | 10,000 | 4,000 | 6,000 | 3. Microfilaria mikroskopis | 10,000 | 4,000 | 6,000 | |
| | | 4. Jamur yeast | 10,000 | 4,000 | 6,000 | 4. Jamur yeast | 10,000 | 4,000 | 6,000 | |
| | | D. Imunologi | | | | D. Imunologi | | | | |
| | | 1. Test Kehamilan/ PPT Test* | 15,000 | 6,000 | 9,000 | 1. Test Kehamilan/ PPT Test* | 15,000 | 6,000 | 9,000 | |
| | | 2. Golongan Darah | 5,000 | 2,000 | 3,000 | 2. Golongan Darah | 5,000 | 2,000 | 3,000 | |
| | | 3. Widal test | 25,000 | 10,000 | 15,000 | 3. Widal test | 25,000 | 10,000 | 15,000 | |
| | | 4. dst... | .. | ... | ... | 4. dst... | .. | ... | ... | |
| | | E. Urine | | | | E. Urine | | | | |
| | | 1. Urine Rutin | 10,000 | 4,000 | 6,000 | 1. Urine Rutin | 10,000 | 4,000 | 6,000 | |
| | | 2. Albumine Urine | 10,000 | 4,000 | 6,000 | 2. Albumine Urine | 10,000 | 4,000 | 6,000 | |
| | | 3. Reduksi Urine | 10,000 | 4,000 | 6,000 | | | | | |

| No. | Materi Raperda | Rumusan Raperda | | | | Rekomendasi | | | | Keterangan | | | |
|-----|----------------|--|--|-------------------|---------------------|--|------------|-------|--|-------------------|---------------------|------------------|------------|
| | | 4. dst... | ... | ... | ... | 3. Reduksi Urine | 10,000 | 4,000 | 6,000 | | | | |
| | | F. Faeces/ Tinja | | | | 4. dst... | ... | ... | ... | | | | |
| | | 1. Faeces Rutin | 10,000 | 4,000 | 6,000 | F. Faeces/ Tinja | | | | | | | |
| | | 2. Benzidine Test/ Darah Samar | 15,000 | 6,000 | 9,000 | 1. Faeces Rutin | 10,000 | 4,000 | 6,000 | | | | |
| | | | | | | 2. Benzidine Test/ Darah Samar | 15,000 | 6,000 | 9,000 | | | | |
| | | LAMPIRAN II DAFTAR TARIF RETRIBUSI PELAYANAN KESEHATAN UPTD LABORATORIUM | | | | LAMPIRAN II DAFTAR TARIF RETRIBUSI PELAYANAN KESEHATAN UPTD LABORATORIUM | | | | | | | |
| | | RETRIBUSI | | | | RETRIBUSI | | | | | | | |
| | | NO. | JENIS PEMERIKSAAN | Jumlah Tarif (Rp) | Jasa Pelayanan (Rp) | Jasa Sarana (Rp) | Keterangan | NO. | JENIS PEMERIKSAAN | Jumlah Tarif (Rp) | Jasa Pelayanan (Rp) | Jasa Sarana (Rp) | Keterangan |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | I. | PEMERIKSAAN LABORATORIUM KIMIA KESEHATAN | | | | | I. | PEMERIKSAAN LABORATORIUM KIMIA KESEHATAN | | | | |
| | | | A. Kimia Lingkungan | | | | | | A. Kimia Lingkungan | | | | |
| | | | I. Fisika | | | | | | I. Fisika | | | | |
| | | | 1. Bau | 7,000 | 2,800 | 4,200 | | | 1. Bau | 7,000 | 2,800 | 4,200 | |
| | | | 2. Rasa | 7,000 | 2,800 | 4,200 | | | 2. Rasa | 7,000 | 2,800 | 4,200 | |
| | | | 3. Suhu | 7,000 | 2,800 | 4,200 | | | 3. Suhu | 7,000 | 2,800 | 4,200 | |
| | | | 4. dst... | ... | ... | ... | | | 4. dst... | ... | ... | ... | |
| | | | II. Kimia | - | - | - | | | II. Kimia | - | - | - | |
| | | | 1. DHL/Daya Hantar Listrik | 35,000 | 14,000 | 21,000 | | | 1. DHL/Daya Hantar Listrik | 35,000 | 14,000 | 21,000 | |
| | | | 2. TSS/Zat tersuspensi | 45,000 | 18,000 | 27,000 | | | 2. TSS/Zat tersuspensi | 45,000 | 18,000 | 27,000 | |
| | | | 3. Besi terlarut (Fe) | 70,000 | 28,000 | 42,000 | | | 3. Besi terlarut (Fe) | 70,000 | 28,000 | 42,000 | |
| | | | 4. dst... | ... | ... | ... | | | 4. dst... | ... | ... | ... | |
| | | | III. Kimia Makanan dan Minuman | | | | | | III. Kimia Makanan dan Minuman | | | | |
| | | | 1. Siklomat | 45,000 | 18,000 | 27,000 | | | 1. Siklomat | 45,000 | 18,000 | 27,000 | |
| | | | 2. Borax | 45,000 | 18,000 | 27,000 | | | 2. Borax | 45,000 | 18,000 | 27,000 | |
| | | | 3. Sakarin | 45,000 | 18,000 | 27,000 | | | 3. Sakarin | 45,000 | 18,000 | 27,000 | |
| | | | 4. dst... | ... | ... | ... | | | 4. dst... | ... | ... | ... | |
| | | | IV. Fisika Air | | | | | | IV. Fisika Air | | | | |

| No. | Materi Raperda | Rumusan Raperda | | | Rekomendasi | | | Keterangan | | |
|-----|----------------|---------------------------------------|---------|---------|-------------|---------------------------------------|---------|------------|---------|--|
| | | 1. Debit | 35,000 | 14,000 | 21,000 | 1. Debit | 35,000 | 14,000 | 21,000 | |
| | | 2. Sedimen | 30,000 | 12,000 | 18,000 | 2. Sedimen | 30,000 | 12,000 | 18,000 | |
| | | 3. Kecepatan Arus | 30,000 | 12,000 | 18,000 | 3. Kecepatan Arus | 30,000 | 12,000 | 18,000 | |
| | | V. Udara Ambient dan Emisi | | | | V. Udara Ambient dan Emisi | - | - | - | |
| | | 1. Total Suspendeds Partical | 105,000 | 42,000 | 63,000 | 1. Total Suspendeds Partical | 105,000 | 42,000 | 63,000 | |
| | | 2. Carbon Monoksida (CO) | 60,000 | 24,000 | 36,000 | 2. Carbon Monoksida (CO) | 60,000 | 24,000 | 36,000 | |
| | | 3. Oksida Sulfur (SO) | 60,000 | 24,000 | 36,000 | 3. Oksida Sulfur (SO) | 60,000 | 24,000 | 36,000 | |
| | | 4. dst... | ... | ... | ... | 4. dst... | ... | ... | ... | |
| | | VI. Pemeriksaan Fisika Lainnya | | | | VI. Pemeriksaan Fisika Lainnya | | | | |
| | | 1. Pencahayaan | 40,000 | 16,000 | 24,000 | 1. Pencahayaan | 40,000 | 16,000 | 24,000 | |
| | | 2. Kebisingan | 100,000 | 40,000 | 60,000 | 2. Kebisingan | 100,000 | 40,000 | 60,000 | |
| | | 3. Suhu | 25,000 | 10,000 | 15,000 | 3. Suhu | 25,000 | 10,000 | 15,000 | |
| | | 4. Kelembaban | 25,000 | 10,000 | 15,000 | 4. Kelembaban | 25,000 | 10,000 | 15,000 | |
| | | 5. Kecepatan Angin | 25,000 | 10,000 | 15,000 | 5. Kecepatan Angin | 25,000 | 10,000 | 15,000 | |
| | | VII. Jenis Paket Pemeriksaan | | | | VII. Jenis Paket Pemeriksaan | | | | |
| | | 1. Limbah Cair Industri Minyak Sawit | 313,000 | 125,200 | 187,800 | 1. Limbah Cair Industri Minyak Sawit | 313,000 | 125,200 | 187,800 | |
| | | 2. Limbah Cair Industri Karet | 310,000 | 124,000 | 186,000 | 2. Limbah Cair Industri Karet | 310,000 | 124,000 | 186,000 | |
| | | 3. Limbah Cair Industri Gula | 293,000 | 117,200 | 175,800 | 3. Limbah Cair Industri Gula | 293,000 | 117,200 | 175,800 | |
| | | 4. dst... | ... | ... | ... | 4. dst... | ... | ... | ... | |
| | | B. Toksikologi | | | | B. Toksikologi | | | | |
| | | 1. Napza Metamphetamine | 40,000 | 16,000 | 24,000 | 1. Napza Metamphetamine | 40,000 | 16,000 | 24,000 | |
| | | 2. Napza Benzodiazepine | 40,000 | 16,000 | 24,000 | 2. Napza Benzodiazepine | 40,000 | 16,000 | 24,000 | |
| | | 3. Napza Opiate | 40,000 | 16,000 | 24,000 | 3. Napza Opiate | 40,000 | 16,000 | 24,000 | |
| | | 4. dst... | ... | ... | ... | 4. dst... | ... | ... | ... | |
| | II. | MIKROBIOLOGI | | | | II. MIKROBIOLOGI | | | | |
| | | 1. TPC | 60,000 | 24,000 | 36,000 | 1. TPC | 60,000 | 24,000 | 36,000 | |
| | | 2. MPN Coliform | 95,000 | 38,000 | 57,000 | 2. MPN Coliform | 95,000 | 38,000 | 57,000 | |
| | | 3. MPN Coli Tinja | 95,000 | 38,000 | 57,000 | 3. MPN Coli Tinja | 95,000 | 38,000 | 57,000 | |
| | | 4. dst... | ... | ... | ... | 4. dst... | ... | ... | ... | |
| | III | PARASITOLOGI | | | | III PARASITOLOGI | | | | |
| | | 1. Malaria Mikroskopis | 15,000 | 6,000 | 9,000 | 1. Malaria Mikroskopis | 15,000 | 6,000 | 9,000 | |

| No. | Materi Raperda | Rumusan Raperda | | | | Rekomendasi | | | | Keterangan | | |
|-----|----------------|-----------------|--|---------|--------|-------------|----|--|---------|------------|--------|--|
| | | | 2. Mikrofilaria Mikroskopis | 15,000 | 6,000 | 9,000 | | 2. Mikrofilaria Mikroskopis | 15,000 | 6,000 | 9,000 | |
| | | | 3. Bentos | 95,000 | 38,000 | 57,000 | | 3. Bentos | 95,000 | 38,000 | 57,000 | |
| | | | 4. dst... | ... | ... | ... | | 4. dst... | ... | ... | ... | |
| | | IV | PATOLOGI KLINIK | | | | IV | PATOLOGI KLINIK | | | | |
| | | | A. Kelompok Hematologi | | | | | A. Kelompok Hematologi | | | | |
| | | | I. Sitologi Darah | | | | | I. Sitologi Darah | | | | |
| | | | 1. Hitung Jumlah Eosinofil, Manual | 15,000 | 6,000 | 9,000 | | 1. Hitung Jumlah Eosinofil, Manual | 15,000 | 6,000 | 9,000 | |
| | | | 2. Hitung Jumlah Eritrosit, Manual | 10,000 | 4,000 | 6,000 | | 2. Hitung Jumlah Eritrosit, Manual | 10,000 | 4,000 | 6,000 | |
| | | | 3. Hitung Jumlah Leukosit, Manual | 10,000 | 4,000 | 6,000 | | 3. Hitung Jumlah Leukosit, Manual | 10,000 | 4,000 | 6,000 | |
| | | | 4. dst... | ... | ... | ... | | 4. dst... | ... | ... | ... | |
| | | | II. Hemostatis | | | | | II. Hemostatis | | | | |
| | | | 1. Masa Perdarahan, Manual | 5,000 | 2,000 | 3,000 | | 1. Masa Perdarahan, Manual | 5,000 | 2,000 | 3,000 | |
| | | | 2. Masa Perdarahan, Manual | 10,000 | 4,000 | 6,000 | | 2. Masa Perdarahan, Manual | 10,000 | 4,000 | 6,000 | |
| | | | 3. Percobaan Pembendungan/Rumpel Led | 5,000 | 2,000 | 3,000 | | 3. Percobaan Pembendungan/Rumpel Led | 5,000 | 2,000 | 3,000 | |
| | | | 4. Protrombin Time/PTT | 75,000 | 30,000 | 45,000 | | 4. Protrombin Time/PTT | 75,000 | 30,000 | 45,000 | |
| | | | 5. APTT | 75,000 | 30,000 | 45,000 | | 5. APTT | 75,000 | 30,000 | 45,000 | |
| | | | B. Kelompok Kimia Klinik dengan Alat Analyzer | | | | | B. Kelompok Kimia Klinik dengan Alat Analyzer | | | | |
| | | | I. Protiendan NPN | | | | | I. Protiendan NPN | | | | |
| | | | 1. Albumin | 15,000 | 6,000 | 9,000 | | 1. Albumin | 15,000 | 6,000 | 9,000 | |
| | | | 2. Globulin | 10,000 | 4,000 | 6,000 | | 2. Globulin | 10,000 | 4,000 | 6,000 | |
| | | | 3. Total Protein | 15,000 | 6,000 | 9,000 | | 3. Total Protein | 15,000 | 6,000 | 9,000 | |
| | | | 4. dst... | ... | ... | ... | | 4. dst... | ... | ... | ... | |
| | | | II. Karbohidrat | | | | | II. Karbohidrat | | | | |
| | | | 1. Glukosa Puasa (BSN) | 15,000 | 6,000 | 9,000 | | 1. Glukosa Puasa (BSN) | 15,000 | 6,000 | 9,000 | |
| | | | 2. Glukosa Sewaktu (BSS) | 15,000 | 6,000 | 9,000 | | 2. Glukosa Sewaktu (BSS) | 15,000 | 6,000 | 9,000 | |
| | | | 3. Glukosa 2 Jam PP (BS 2 JPP) | 15,000 | 6,000 | 9,000 | | 3. Glukosa 2 Jam PP (BS 2 JPP) | 15,000 | 6,000 | 9,000 | |
| | | | 4. Hemoglobin A1C | 120,000 | 48,000 | 72,000 | | 4. Hemoglobin A1C | 120,000 | 48,000 | 72,000 | |
| | | | III. Lemak Darah | | | | | III. Lemak Darah | | | | |
| | | | 1. Kolesterol Total | 15,000 | 6,000 | 9,000 | | 1. Kolesterol Total | 15,000 | 6,000 | 9,000 | |
| | | | 2. Trigliserida | 20,000 | 8,000 | 12,000 | | 2. Trigliserida | 20,000 | 8,000 | 12,000 | |
| | | | 3. HDL Kolesterol | 35,000 | 14,000 | 21,000 | | 3. HDL Kolesterol | 35,000 | 14,000 | 21,000 | |

| No. | Materi Raperda | Rumusan Raperda | | | | Rekomendasi | | | | Keterangan | |
|-----|----------------|--|---------|--------|--------|-------------|--|---------|--------|------------|--|
| | | 4. LDL Cholesterol | 20,000 | 8,000 | 12,000 | | 4. LDL Cholesterol | 20,000 | 8,000 | 12,000 | |
| | | IV. Enzyme | | | | | IV. Enzyme | | | | |
| | | 1. SGOT/AST | 15,000 | 6,000 | 9,000 | | 1. SGOT/AST | 15,000 | 6,000 | 9,000 | |
| | | 2. SGPT/ALT | 15,000 | 6,000 | 9,000 | | 2. SGPT/ALT | 15,000 | 6,000 | 9,000 | |
| | | 3. Alkali Phosphatase/AP | 15,000 | 6,000 | 9,000 | | 3. Alkali Phosphatase/AP | 15,000 | 6,000 | 9,000 | |
| | | 4. dst... | ... | ... | ... | | 4. dst... | ... | ... | ... | |
| | | V. Paparan Pestisida | | | | | V. Paparan Pestisida | | | | |
| | | 1. Cholinesterasi Darah | 70,000 | 28,000 | 42,000 | | 1. Cholinesterasi Darah | 70,000 | 28,000 | 42,000 | |
| | | VI. Elektrolit | | | | | VI. Elektrolit | | | | |
| | | 1. Natrium (Na), Kalium (K), Clorida (Cl) | 110,000 | 44,000 | 66,000 | | 1. Natrium (Na), Kalium (K), Clorida (Cl) | 110,000 | 44,000 | 66,000 | |
| | | VII. Urine dan Feses | | | | | VII. Urine dan Feses | | | | |
| | | 1. Urine Lengkap (Kimia & Sedimen Urine) | 20,000 | 8,000 | 12,000 | | 1. Urine Lengkap (Kimia & Sedimen Urine) | 20,000 | 8,000 | 12,000 | |
| | | 2. Feses rutin | 15,000 | 6,000 | 9,000 | | 2. Feses rutin | 15,000 | 6,000 | 9,000 | |
| | | 3. Tes Kehamilan | 20,000 | 8,000 | 12,000 | | 3. Tes Kehamilan | 20,000 | 8,000 | 12,000 | |
| | | 4. Benzidine Test | | | | | 4. Benzidine Test | | | | |
| | | V IMUNOLOGI/SEROLOGI | | | | | V IMUNOLOGI/SEROLOGI | | | | |
| | | 1. Widal Test | 25,000 | 10,000 | 15,000 | | 1. Widal Test | 25,000 | 10,000 | 15,000 | |
| | | 2. Hepatitis B Aglutinasi (HBs-Ag) Kualitatif | 35,000 | 14,000 | 21,000 | | 2. Hepatitis B Aglutinasi (HBs-Ag) Kualitatif | 35,000 | 14,000 | 21,000 | |
| | | 3. HbsAg Elisa | 125,000 | 50,000 | 75,000 | | 3. HbsAg Elisa | 125,000 | 50,000 | 75,000 | |
| | | 4. dst... | ... | ... | ... | | 4. dst... | ... | ... | ... | |
| | | VI LAIN -LAIN | | | | | VI LAIN -LAIN | | | | |
| | | 1. Foto Thorax | 55,000 | 22,000 | 33,000 | | 1. Foto Thorax | 55,000 | 22,000 | 33,000 | |
| | | 2. ECG | 30,000 | 12,000 | 18,000 | | 2. ECG | 30,000 | 12,000 | 18,000 | |
| | | 3. Surat Keterangan Sehat | 40,000 | 4,000 | 6,000 | | 3. (dihapus) | | | | |
| | | 4. Pemeriksaan Fisik oleh dokter | 20,000 | 8,000 | 12,000 | | 4. Pemeriksaan Fisik oleh dokter | 20,000 | 8,000 | 12,000 | |
| | | VII PELAYANAN PENGUJIAN KESEHATAN (MEDICAL CHECK UP/MCU) | | | | | VII PELAYANAN PENGUJIAN KESEHATAN (MEDICAL CHECK UP/MCU) | | | | |
| | | A. Paket Reguler | | | | | A. Paket Reguler | | | | |
| | | 1. Laboratorium meliputi | 75,000 | 30,000 | 45,000 | | 1. Laboratorium meliputi | 75,000 | 30,000 | 45,000 | |

Biaya penerbitan Surat keterangan sehat seyogyanya telah menjadi bagian dari biaya pemeriksaan kesehatan, sehingga tidak perlu dikenakan pungutan retribusi pelayanan kesehatan secara terpisah.

| No. | Materi Raperda | Rumusan Raperda | | | | Rekomendasi | | | | Keterangan |
|-----|----------------|--|---------|--------|---------|--|---------|--------|---------|------------|
| | | a. Glukosa Puasa | | | | a. Glukosa Puasa | | | | |
| | | b. Kolesterol Total | | | | b. Kolesterol Total | | | | |
| | | c. Trigliserida | | | | c. Trigliserida | | | | |
| | | d. Uric Acid | | | | d. Uric Acid | | | | |
| | | 2. Sampling darah luar gedung | 5,000 | 2,000 | 3,000 | 2. Sampling darah luar gedung | 5,000 | 2,000 | 3,000 | |
| | | B. Paket Medium | | | | B. Paket Medium | | | | |
| | | 1. Pemeriksaan Fisik oleh dokter | 20,000 | 8,000 | 12,000 | 1. Pemeriksaan Fisik oleh dokter | 20,000 | 8,000 | 12,000 | |
| | | 2. Laboratorium meliputi | 145,000 | 58,000 | 87,000 | 2. Laboratorium meliputi | 145,000 | 58,000 | 87,000 | |
| | | a. Glukosa Puasa (BSN) | | | | a. Glukosa Puasa (BSN) | | | | |
| | | b. Kolesterol Total | | | | b. Kolesterol Total | | | | |
| | | c. Trigliserida | | | | c. Trigliserida | | | | |
| | | d. dst... | | | | d. dst... | | | | |
| | | 3. Sampling Darah | 5,000 | 2,000 | 3,000 | 3. Sampling Darah | 5,000 | 2,000 | 3,000 | |
| | | 4. Administrasi | 10,000 | 4,000 | 6,000 | 4. Administrasi | 10,000 | 4,000 | 6,000 | |
| | | 5. Resume Medis | 10,000 | 4,000 | 6,000 | 5. Resume Medis | 10,000 | 4,000 | 6,000 | |
| | | C. Paket Lengkap | | | | C. Paket Lengkap | | | | |
| | | 1. Pemeriksaan Fisik oleh dokter | | 8,000 | 12,000 | 1. Pemeriksaan Fisik oleh dokter | | 8,000 | 12,000 | |
| | | 2. Laboratorium meliputi | 20,000 | | | 2. Laboratorium meliputi | 20,000 | | | |
| | | a. darah Rutin | 145,000 | 58,000 | 87,000 | a. darah Rutin | 145,000 | 58,000 | 87,000 | |
| | | b. Kolesterol Total | | | | b. Kolesterol Total | | | | |
| | | c. Trigliserida | | | | c. Trigliserida | | | | |
| | | d. dst.. | | | | d. dst.. | | | | |
| | | 3. Sampling Darah | 5,000 | 2,000 | 3,000 | 3. Sampling Darah | 5,000 | 2,000 | 3,000 | |
| | | 4. Administrasi | 10,000 | 4,000 | 6,000 | 4. Administrasi | 10,000 | 4,000 | 6,000 | |
| | | 5. Resume Medis | 10,000 | 4,000 | 6,000 | 5. Resume Medis | 10,000 | 4,000 | 6,000 | |
| | | 6. Foto Thorax | 55,000 | 22,000 | 33,000 | 6. Foto Thorax | 55,000 | 22,000 | 33,000 | |
| | | 7. ECG | 25,000 | 10,000 | 15,000 | 7. ECG | 25,000 | 10,000 | 15,000 | |
| | | TARIF PEMAKAIAN | | | | TARIF PEMAKAIAN | | | | |
| | | LABORATORIUM | | | | LABORATORIUM | | | | |
| | IX | A. Praktek Laboratorium / orientasi (@ paket = 4 minggu) | - | - | - | A. Praktek Laboratorium / orientasi (@ paket = 4 minggu) | - | - | - | |
| | - | —1. SMK Kesehatan | 50,000 | 20,000 | 30,000 | —1. SMK Kesehatan | 50,000 | 20,000 | 30,000 | |
| | - | —2. Akademi Kesehatan | 100,000 | 40,000 | 60,000 | —2. Akademi Kesehatan | 100,000 | 40,000 | 60,000 | |
| | - | —3. D-IV/S1 | 150,000 | 60,000 | 90,000 | —3. D-IV/S1 | 150,000 | 60,000 | 90,000 | |
| | - | B. Magang di Laboratorium Mikrobiologi-orang/hari | - | - | - | B. Magang di Laboratorium Mikrobiologi-orang/hari | - | - | - | |
| | - | —1. Petugas Laboratorium Pemerintah | 175,000 | 70,000 | 105,000 | —1. Petugas Laboratorium Pemerintah | 175,000 | 70,000 | 105,000 | |
| | - | —2. Petugas Laboratorium | | 80,000 | 120,000 | —2. Petugas Laboratorium | | 80,000 | 120,000 | |

Kegiatan magang, praktikum, dan penelitian pendidikan tidak termasuk pelayanan kesehatan.

| No | Materi Raperda | Rumusan Raperda | | | | | Rekomendasi | | | | | Keterangan |
|----|----------------|---|------------------------------|---------|---------|---|---|------------------------------|---------|---------|--|--|
| | | Swasta | 200,000 | | | | Swasta | 200,000 | | | | Pengambilan sampling bukan merupakan bagian dari pelayanan jasa kesehatan. |
| | | G. Magang di Laboratorium | - | - | - | | G. Magang di Laboratorium | - | - | - | | |
| | | Patalogi Klinik orang/hari | | | | | Patalogi Klinik orang/hari | | | | | |
| | | — 1. Petugas Laboratorium | | 50,000 | 75,000 | | — 1. Petugas Laboratorium | | 50,000 | 75,000 | | |
| | | Pemerintah | 125,000 | | | | Pemerintah | 125,000 | | | | |
| | | — 2. Petugas Laboratorium | | 60,000 | 90,000 | | — 2. Petugas Laboratorium | | 60,000 | 90,000 | | |
| | | Swasta | 150,000 | | | | Swasta | 150,000 | | | | |
| | | D. Magang di Laboratorium | - | - | - | | D. Magang di Laboratorium | - | - | - | | |
| | | Lingkungan orang/hari | | | | | Lingkungan orang/hari | | | | | |
| | | — 1. Petugas Laboratorium | | 70,000 | 105,000 | | — 1. Petugas Laboratorium | | 70,000 | 105,000 | | |
| | | Pemerintah | 175,000 | | | | Pemerintah | 175,000 | | | | |
| | | — 2. Petugas Laboratorium | | 80,000 | 120,000 | | — 2. Petugas Laboratorium | | 80,000 | 120,000 | | |
| | | Swasta | 200,000 | | | | Swasta | 200,000 | | | | |
| | | X TARIF PENGAMBILAN | - | - | - | X | TARIF PENGAMBILAN | - | - | - | | |
| | | SAMPLING LINGKUNGAN | | | | | SAMPLING LINGKUNGAN | | | | | |
| | | A. Dalam Kota | - | - | - | | A. Dalam Kota | - | - | - | | |
| | | B. Luar Kota | - | - | - | | B. Luar Kota | - | - | - | | |
| | | — 1. Jarak Tempuh ≤ 10 km | | 40,000 | 60,000 | | — 1. Jarak Tempuh ≤ 10 km | | 40,000 | 60,000 | | |
| | | | 100,000 | | | | | 100,000 | | | | |
| | | — 2. Setiap 1 km selanjutnya | 5,000 | 2,000 | 3,000 | | — 2. Setiap 1 km selanjutnya | 5,000 | 2,000 | 3,000 | | |
| | | LAMPIRAN III DAFTAR TARIF RETRIBUSI PELAYANAN KESEHATAN PADA RSUD SULTAN SURIANSYAH BANJARMASIN TARIF RAWAT INAP DAN RAWAT JALAN | | | | | LAMPIRAN III DAFTAR TARIF RETRIBUSI PELAYANAN KESEHATAN PADA RSUD SULTAN SURIANSYAH BANJARMASIN TARIF RAWAT INAP DAN RAWAT JALAN | | | | | |
| | | NO | JENIS PELAYANAN | TARIF | | | NO | JENIS PELAYANAN | TARIF | | | |
| | | 1 | Kelas perawatan Rawat INAP | | | | 1 | Kelas perawatan Rawat INAP | | | | |
| | | 1 | Kelas III | 40,000 | | | 1 | Kelas III | 40,000 | | | |
| | | 2 | Kelas II | 60,000 | | | 2 | Kelas II | 60,000 | | | |
| | | 3 | Kelas I | 100,000 | | | 3 | Kelas I | 100,000 | | | |
| | | 2 | High Care ICU/ICCU/PICU/NICU | | | | 2 | High Care ICU/ICCU/PICU/NICU | | | | |
| | | | High Care | 200,000 | | | | High Care | 200,000 | | | |
| | | | ICU/ICCU/PICU/NICU | 300,000 | | | | ICU/ICCU/PICU/NICU | 300,000 | | | |
| | | 3 | Visit | | | | 3 | Visit | | | | |
| | | | Dokter spesialis | | | | | Dokter spesialis | | | | |
| | | 1 | Kelas III | 40,000 | | | 1 | Kelas III | 40,000 | | | |

| No | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|---|-------------|----------------------|--------|---|--------------------------|---------|---|-------------------------------|--------|---|--------|------|----|-----------------|-------|---|------------|--------|---|-----------|--------------------|----|-----------------|-------|---|----------------------|---------|---|----------------------|---------|---|-----------------------|---------|---|---------------|---------|---|--------|-----|----|-----------------|-------|---|--------------------------------------|--|---|--------------|--------|---|--------------|--------|---|------------|---------|---|-----------|---------|---|-----|---------|---|--|--|---|---|--------|---|----------------------------|--------|---|------------------------|--------|---|-----------------------|--------|---|--------|-----|---|---|----------------------|--------|---|--------------------------|---------|---|-------------------------------|--------|---|--------|------|----|-----------------|-------|---|------------|--------|---|-----------|--------------------|----|-----------------|-------|---|----------------------|---------|---|----------------------|---------|---|-----------------------|---------|---|---------------|---------|---|--------|-----|----|-----------------|-------|---|--------------------------------------|--|---|--------------|--------|---|--------------|--------|---|------------|---------|---|-----------|---------|---|-----|---------|---|--|--|---|---|--------|---|----------------------------|--------|---|------------------------|--------|---|-----------------------|--------|---|--------|-----|--|
| | | <table border="1"> <tr><td>3</td><td>Pembuatan Visum Umum</td><td>45,000</td></tr> <tr><td>4</td><td>Pembuatan Visum Lanjutan</td><td>175,000</td></tr> <tr><td>5</td><td>Hecting Luka Luar per jahitan</td><td>15,000</td></tr> <tr><td>8</td><td>Dst...</td><td>....</td></tr> </table> <p style="text-align: center;">TARIF PELAYANAN AMBULANCE</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>Dalam Kota</td><td>75,000</td></tr> <tr><td>2</td><td>Luar Kota</td><td>35.000 + 5.000/ KM</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN KEBERSAMAAN TINDAKAN DOKTER SPESIALIS</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>Aspirasi Abses Hepar</td><td>370,000</td></tr> <tr><td>2</td><td>Aspirasi bone marrow</td><td>275,000</td></tr> <tr><td>3</td><td>Aspirasi abses/punksi</td><td>100,000</td></tr> <tr><td>4</td><td>Lumbal punksi</td><td>280,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN KEBERSAMAAN TINDAKAN KEPERAWATAN DAN KEBIDANAN</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>TARIF KEBERSAMAAN KEPERAWATAN</td><td></td></tr> <tr><td>1</td><td>Minimal Care</td><td>50,000</td></tr> <tr><td>2</td><td>Partial Care</td><td>95,000</td></tr> <tr><td>3</td><td>Total Care</td><td>130,000</td></tr> <tr><td>4</td><td>High Care</td><td>150,000</td></tr> <tr><td>5</td><td>ICU</td><td>240,000</td></tr> <tr><td>2</td><td>TINDAKAN INSIDENTIL KEPERAWATAN/KEBIDANAN</td><td></td></tr> <tr><td>1</td><td>Postural drainage , Vibrasi dan perkusi thoraks</td><td>28,000</td></tr> <tr><td>2</td><td>Nekrotomi ulkus diabetikum</td><td>28,000</td></tr> <tr><td>3</td><td>Manajemen terapi sinar</td><td>25,000</td></tr> <tr><td>4</td><td>pemasangan infus anak</td><td>25,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </tbody> </table> | 3 | Pembuatan Visum Umum | 45,000 | 4 | Pembuatan Visum Lanjutan | 175,000 | 5 | Hecting Luka Luar per jahitan | 15,000 | 8 | Dst... | | NO | JENIS PELAYANAN | TARIF | 1 | Dalam Kota | 75,000 | 2 | Luar Kota | 35.000 + 5.000/ KM | NO | JENIS PELAYANAN | TARIF | 1 | Aspirasi Abses Hepar | 370,000 | 2 | Aspirasi bone marrow | 275,000 | 3 | Aspirasi abses/punksi | 100,000 | 4 | Lumbal punksi | 280,000 | 5 | Dst... | ... | NO | JENIS PELAYANAN | TARIF | 1 | TARIF KEBERSAMAAN KEPERAWATAN | | 1 | Minimal Care | 50,000 | 2 | Partial Care | 95,000 | 3 | Total Care | 130,000 | 4 | High Care | 150,000 | 5 | ICU | 240,000 | 2 | TINDAKAN INSIDENTIL KEPERAWATAN/KEBIDANAN | | 1 | Postural drainage , Vibrasi dan perkusi thoraks | 28,000 | 2 | Nekrotomi ulkus diabetikum | 28,000 | 3 | Manajemen terapi sinar | 25,000 | 4 | pemasangan infus anak | 25,000 | 5 | Dst... | ... | <table border="1"> 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| 3 | Pembuatan Visum Umum | 45,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Pembuatan Visum Lanjutan | 175,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Hecting Luka Luar per jahitan | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Dst... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Dalam Kota | 75,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Luar Kota | 35.000 + 5.000/ KM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | Aspirasi Abses Hepar | 370,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Aspirasi bone marrow | 275,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Aspirasi abses/punksi | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Lumbal punksi | 280,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | TARIF KEBERSAMAAN KEPERAWATAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Minimal Care | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Partial Care | 95,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Total Care | 130,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | High Care | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ICU | 240,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | TINDAKAN INSIDENTIL KEPERAWATAN/KEBIDANAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Postural drainage , Vibrasi dan perkusi thoraks | 28,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Nekrotomi ulkus diabetikum | 28,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Manajemen terapi sinar | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | pemasangan infus anak | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Pembuatan Visum Umum | 45,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Pembuatan Visum Lanjutan | 175,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Hecting Luka Luar per jahitan | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Dst... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | Dalam Kota | 75,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Luar Kota | 35.000 + 5.000/ KM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | Aspirasi Abses Hepar | 370,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Aspirasi bone marrow | 275,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Aspirasi abses/punksi | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Lumbal punksi | 280,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | TARIF KEBERSAMAAN KEPERAWATAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Minimal Care | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Partial Care | 95,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Total Care | 130,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | High Care | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ICU | 240,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | TINDAKAN INSIDENTIL KEPERAWATAN/KEBIDANAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Postural drainage , Vibrasi dan perkusi thoraks | 28,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Nekrotomi ulkus diabetikum | 28,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Manajemen terapi sinar | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | pemasangan infus anak | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|--|-------------|-----------------|-------|---|---------------------------|--|--|---------------|--------|--|-------------------------|--|--|---------------|--------|--|----------------|--------|---|-------------------|--|--|----------------------|--------|--|---------------------------|--------|--|---------------------------------------|--------|--|---------|-----|---|--------------------|--|--|--------------------|---------|--|--------------------------------------|---------|--|-------------------|--------|--|-----------|-----|---|----------------------|--|--|---------------------|--|--|--------------------------------|--|--|-------------------|---------|--|-------------------|--------|--|----------------------|--|--|------------|-----------|--|------------|-----------|--|---|--|--|--------------------|---------|--|-------------------|--------|--|----------|-----|---|--------------------|--|--|-----------------|-----------|--|-------------------|---------|--|------------|--------|---|----|-----------------|-------|---|---------------------------|--|--|---------------|--------|--|-------------------------|--|--|---------------|--------|--|----------------|--------|---|-------------------|--|--|----------------------|--------|--|---------------------------|--------|--|---------------------------------------|--------|--|---------|-----|---|--------------------|--|--|--------------------|---------|--|--------------------------------------|---------|--|-------------------|--------|--|-----------|-----|---|----------------------|--|--|---------------------|--|--|--------------------------------|--|--|-------------------|---------|--|-------------------|--------|--|----------------------|--|--|------------|-----------|--|------------|-----------|--|---|--|--|--------------------|---------|--|-------------------|--------|--|----------|-----|---|--------------------|--|--|-----------------|-----------|--|-------------------|---------|--|------------|--------|--|
| | | TARIF PELAYANAN KESEHATAN GIGI & MULUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1" style="width: 100%;"> <thead> <tr> <th data-bbox="483 347 551 395">NO</th> <th data-bbox="551 347 920 395">JENIS PELAYANAN</th> <th data-bbox="920 347 1099 395">TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>PEMERIKSAAN DOKTER</td> <td></td> </tr> <tr> <td></td> <td>a.Dokter gigi</td> <td>25,000</td> </tr> <tr> <td></td> <td>b.Dokter gigi spesialis</td> <td></td> </tr> <tr> <td></td> <td> tanpa rujukan</td> <td>35,000</td> </tr> <tr> <td></td> <td> dengan rujukan</td> <td>45,000</td> </tr> <tr> <td>2</td> <td>KONSERVASI</td> <td></td> </tr> <tr> <td></td> <td>a.Tambalan sementara</td> <td>35,000</td> </tr> <tr> <td></td> <td>b. Perawatan saluran akar</td> <td>85,000</td> </tr> <tr> <td></td> <td>c.Tambalan Glass Ionomer Cement kecil</td> <td>50,000</td> </tr> <tr> <td></td> <td>d.dst..</td> <td>...</td> </tr> <tr> <td>3</td> <td>BEDAH MULUT</td> <td></td> </tr> <tr> <td></td> <td>a.Cabut gigi tetap</td> <td>100,000</td> </tr> <tr> <td></td> <td>b.Cabut gigi tetap dengan komplikasi</td> <td>175,000</td> </tr> <tr> <td></td> <td>c.Cabut gigi susu</td> <td>30,000</td> </tr> <tr> <td></td> <td>d. dst...</td> <td>...</td> </tr> <tr> <td>4</td> <td>PROSTHODONTIE</td> <td></td> </tr> <tr> <td></td> <td>PROTESA GIGI</td> <td></td> </tr> <tr> <td></td> <td>a.Gigi tiruan sebagian acrylic</td> <td></td> </tr> <tr> <td></td> <td> *plate per rahang</td> <td>200,000</td> </tr> <tr> <td></td> <td> *plate per rahang</td> <td>60,000</td> </tr> <tr> <td></td> <td>b. Gigi tiruan penuh</td> <td></td> </tr> <tr> <td></td> <td> * 1 rahang</td> <td>1,000,000</td> </tr> <tr> <td></td> <td> * 2 rahang</td> <td>1,750,000</td> </tr> <tr> <td></td> <td>c. Gigi tiruan fleksibel/Flexibel denture</td> <td></td> </tr> <tr> <td></td> <td> * plate per rahang</td> <td>700,000</td> </tr> <tr> <td></td> <td> *plate per rahang</td> <td>60,000</td> </tr> <tr> <td></td> <td>c. dst..</td> <td>...</td> </tr> <tr> <td>5</td> <td>ORTHODONTIE</td> <td></td> </tr> <tr> <td></td> <td>a.pesawat cekat</td> <td>1,800,000</td> </tr> <tr> <td></td> <td>b.pesawat lepasan</td> <td>250,000</td> </tr> <tr> <td></td> <td>c. kontrol</td> <td>80,000</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | PEMERIKSAAN DOKTER | | | a.Dokter gigi | 25,000 | | b.Dokter gigi spesialis | | | tanpa rujukan | 35,000 | | dengan rujukan | 45,000 | 2 | KONSERVASI | | | a.Tambalan sementara | 35,000 | | b. Perawatan saluran akar | 85,000 | | c.Tambalan Glass Ionomer Cement kecil | 50,000 | | d.dst.. | ... | 3 | BEDAH MULUT | | | a.Cabut gigi tetap | 100,000 | | b.Cabut gigi tetap dengan komplikasi | 175,000 | | c.Cabut gigi susu | 30,000 | | d. dst... | ... | 4 | PROSTHODONTIE | | | PROTESA GIGI | | | a.Gigi tiruan sebagian acrylic | | | *plate per rahang | 200,000 | | *plate per rahang | 60,000 | | b. Gigi tiruan penuh | | | * 1 rahang | 1,000,000 | | * 2 rahang | 1,750,000 | | c. Gigi tiruan fleksibel/Flexibel denture | | | * plate per rahang | 700,000 | | *plate per rahang | 60,000 | | c. dst.. | ... | 5 | ORTHODONTIE | | | a.pesawat cekat | 1,800,000 | | b.pesawat lepasan | 250,000 | | c. kontrol | 80,000 | <table border="1" style="width: 100%;"> <thead> <tr> <th data-bbox="1193 347 1261 395">NO</th> <th data-bbox="1261 347 1630 395">JENIS PELAYANAN</th> <th data-bbox="1630 347 1809 395">TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>PEMERIKSAAN DOKTER</td> <td></td> </tr> <tr> <td></td> <td>a.Dokter gigi</td> <td>25,000</td> </tr> <tr> <td></td> <td>b.Dokter gigi spesialis</td> <td></td> </tr> <tr> <td></td> <td> tanpa rujukan</td> <td>35,000</td> </tr> <tr> <td></td> <td> dengan rujukan</td> <td>45,000</td> </tr> <tr> <td>2</td> <td>KONSERVASI</td> <td></td> </tr> <tr> <td></td> <td>a.Tambalan sementara</td> <td>35,000</td> </tr> <tr> <td></td> <td>b. 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Perawatan saluran akar | 85,000 | | c.Tambalan Glass Ionomer Cement kecil | 50,000 | | d.dst.. | ... | 3 | BEDAH MULUT | | | a.Cabut gigi tetap | 100,000 | | b.Cabut gigi tetap dengan komplikasi | 175,000 | | c.Cabut gigi susu | 30,000 | | d. dst... | ... | 4 | PROSTHODONTIE | | | PROTESA GIGI | | | a.Gigi tiruan sebagian acrylic | | | *plate per rahang | 200,000 | | *plate per rahang | 60,000 | | b. Gigi tiruan penuh | | | * 1 rahang | 1,000,000 | | * 2 rahang | 1,750,000 | | c. Gigi tiruan fleksibel/Flexibel denture | | | * plate per rahang | 700,000 | | *plate per rahang | 60,000 | | c. dst.. | ... | 5 | ORTHODONTIE | | | a.pesawat cekat | 1,800,000 | | b.pesawat lepasan | 250,000 | | c. kontrol | 80,000 | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | PEMERIKSAAN DOKTER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Dokter gigi | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.Dokter gigi spesialis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | tanpa rujukan | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | dengan rujukan | 45,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | KONSERVASI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Tambalan sementara | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b. Perawatan saluran akar | 85,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c.Tambalan Glass Ionomer Cement kecil | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | d.dst.. | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | BEDAH MULUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Cabut gigi tetap | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.Cabut gigi tetap dengan komplikasi | 175,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c.Cabut gigi susu | 30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | d. dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | PROSTHODONTIE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PROTESA GIGI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | *plate per rahang | 200,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | * 1 rahang | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * 2 rahang | 1,750,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c. Gigi tiruan fleksibel/Flexibel denture | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * plate per rahang | 700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5 | ORTHODONTIE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | b.pesawat lepasan | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c. kontrol | 80,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | PEMERIKSAAN DOKTER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Dokter gigi | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | tanpa rujukan | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | dengan rujukan | 45,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | KONSERVASI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Tambalan sementara | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b. Perawatan saluran akar | 85,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c.Tambalan Glass Ionomer Cement kecil | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | d.dst.. | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | BEDAH MULUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Cabut gigi tetap | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.Cabut gigi tetap dengan komplikasi | 175,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | d. dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | PROSTHODONTIE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | *plate per rahang | 200,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *plate per rahang | 60,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b. Gigi tiruan penuh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * 1 rahang | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * 2 rahang | 1,750,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c. Gigi tiruan fleksibel/Flexibel denture | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * plate per rahang | 700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | *plate per rahang | 60,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c. dst.. | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ORTHODONTIE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.pesawat cekat | 1,800,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.pesawat lepasan | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c. kontrol | 80,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|--|---------------|--|--|---|----------------------------------|------------|-----------|--|---------------------|----------|-----------|--|----------|--------------------------|-----------|---|---|-------------|-----------|---|----------|----------------------------------|-----------|--|--|---------------------|-----------|--|--|--------------------------|-----------|--|--|----|-----------|---|---------|-----------|-----------|--|--|----------|-----------|--|--|--------------------------|-----------|--|--|----|-----------|---|----------------|--|--|--|--|-----------------------|-----------|--|--|----------------------|------------|---|--|--|-----------|---|--|--|----------------|---|-------------------------------|--|--------|--|----------------------------------|--|--------|---|--|--|--------------------------------------|---|--------------------|--|--|---|---|--|---------|---|---|---------------|--|--|---|-----------|------------|-----------|--|--|----------|-----------|--|--|--------------------------|-----------|--|--|----|-----------|---|----------|-----------|-----------|--|--|----------|-----------|--|--|--------------------------|-----------|--|--|----|-----------|---|---------|-----------|-----------|--|--|----------|-----------|--|--|--------------------------|-----------|--|--|----|-----------|---|----------------|--|--|--|--|-----------------------|-----------|--|--|----------------------|------------|---|--|--|-----------|---|--|--|----------------|---|-------------------------------|--|--------|--|----------------------------------|--|--------|---|--|--|--------------------------------------|---|--------------------|--|--|---|---|--|---------|--|
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| 6 | PERIODONTIE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | pembersihan karang gigi 1 rahang | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.ultrasonic scaler | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.manual | 30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | PERIODONTIE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | a.ultrasonic scaler | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.manual | 30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | TARIF PELAYANAN BEDAH SENTRAL (IBS) & ANASTESI | TARIF PELAYANAN BEDAH SENTRAL (IBS) & ANASTESI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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SEDANG | 1,675,000 | | | OP.BESAR | 2,350,000 | | | OP.BESAR DENGAN PENYULIT | 3,250,000 | | | SC | 2,802,000 | 2 | Kelas II | OP.SEDANG | 2,350,000 | | | OP.BESAR | 3,400,000 | | | OP.BESAR DENGAN PENYULIT | 4,200,000 | | | SC | 5,142,000 | 3 | Kelas I | OP.SEDANG | 3,250,000 | | | OP.BESAR | 4,100,000 | | | OP.BESAR DENGAN PENYULIT | 5,200,000 | | | SC | 7,470,000 | 4 | OPERASI KHUSUS | | | | | OPERASI KHUSUS SEDANG | 9,400,000 | | | OPERASI KHUSUS BESAR | 10,600,000 | 5 | TAMBAHAN BIAYA MENGGUNAKAN PERALATAN CANGGIH | | 1,750,000 | 6 | APD bedah berupa : Baju Operasi disposable, tutup kepala, handscoone non steril, masker | | 50.000/ pasien | 7 | KEPERAWATAN PREOPERATIF BEDAH | | 70,000 | | KEPERAWATAN PREOPERATIF ANESTESI | | 70,000 | 8 | Tindakan Cito (adalah indikasi Medik) ditambah 25 % dari jasa Medis Operator, anestesi, dan jasa pelayanan | | Di tambahkan 25 % dari tarif Operasi | B | KESEHATAN ANASTESI | | | 1 | Resusitasi jantung paru ICU/ OK dg DC shoc/ | | 260,000 | <table border="1"> <tr> <td>A</td> <td colspan="2">BEDAH SENTRAL</td> <td></td> </tr> <tr> <td>1</td> <td>Kelas III</td> <td>OP. SEDANG</td> <td>1,675,000</td> </tr> <tr> <td></td> <td></td> <td>OP.BESAR</td> <td>2,350,000</td> </tr> <tr> <td></td> <td></td> <td>OP.BESAR DENGAN PENYULIT</td> <td>3,250,000</td> </tr> <tr> <td></td> <td></td> <td>SC</td> <td>2,802,000</td> </tr> <tr> <td>2</td> <td>Kelas II</td> <td>OP.SEDANG</td> <td>2,350,000</td> </tr> <tr> <td></td> <td></td> <td>OP.BESAR</td> <td>3,400,000</td> </tr> <tr> <td></td> <td></td> <td>OP.BESAR DENGAN PENYULIT</td> <td>4,200,000</td> </tr> <tr> <td></td> <td></td> <td>SC</td> <td>5,142,000</td> </tr> <tr> <td>3</td> <td>Kelas I</td> <td>OP.SEDANG</td> <td>3,250,000</td> </tr> <tr> <td></td> <td></td> <td>OP.BESAR</td> <td>4,100,000</td> </tr> <tr> <td></td> <td></td> <td>OP.BESAR DENGAN PENYULIT</td> <td>5,200,000</td> </tr> <tr> <td></td> <td></td> <td>SC</td> <td>7,470,000</td> </tr> <tr> <td>4</td> <td colspan="2">OPERASI KHUSUS</td> <td></td> </tr> <tr> <td></td> <td></td> <td>OPERASI KHUSUS SEDANG</td> <td>9,400,000</td> </tr> <tr> <td></td> <td></td> <td>OPERASI KHUSUS BESAR</td> <td>10,600,000</td> </tr> <tr> <td>5</td> <td colspan="2">TAMBAHAN BIAYA MENGGUNAKAN PERALATAN CANGGIH</td> <td>1,750,000</td> </tr> <tr> <td>6</td> <td colspan="2">APD bedah berupa : Baju Operasi disposable, tutup kepala, handscoone non steril, masker</td> <td>50.000/ pasien</td> </tr> <tr> <td>7</td> <td colspan="2">KEPERAWATAN PREOPERATIF BEDAH</td> <td>70,000</td> </tr> <tr> <td></td> <td colspan="2">KEPERAWATAN PREOPERATIF ANESTESI</td> <td>70,000</td> </tr> <tr> <td>8</td> <td colspan="2">Tindakan Cito (adalah indikasi Medik) ditambah 25 % dari jasa Medis Operator, anestesi, dan jasa pelayanan</td> <td>Di tambahkan 25 % dari tarif Operasi</td> </tr> <tr> <td>B</td> <td colspan="2">KESEHATAN ANASTESI</td> <td></td> </tr> <tr> <td>1</td> <td colspan="2">Resusitasi jantung paru ICU/ OK dg DC shoc/</td> <td>260,000</td> </tr> </table> | A | BEDAH SENTRAL | | | 1 | Kelas III | OP. SEDANG | 1,675,000 | | | OP.BESAR | 2,350,000 | | | OP.BESAR DENGAN PENYULIT | 3,250,000 | | | SC | 2,802,000 | 2 | Kelas II | OP.SEDANG | 2,350,000 | | | OP.BESAR | 3,400,000 | | | OP.BESAR DENGAN PENYULIT | 4,200,000 | | | SC | 5,142,000 | 3 | Kelas I | OP.SEDANG | 3,250,000 | | | OP.BESAR | 4,100,000 | | | OP.BESAR DENGAN PENYULIT | 5,200,000 | | | SC | 7,470,000 | 4 | OPERASI KHUSUS | | | | | OPERASI KHUSUS SEDANG | 9,400,000 | | | OPERASI KHUSUS BESAR | 10,600,000 | 5 | TAMBAHAN BIAYA MENGGUNAKAN PERALATAN CANGGIH | | 1,750,000 | 6 | APD bedah berupa : Baju Operasi disposable, tutup kepala, handscoone non steril, masker | | 50.000/ pasien | 7 | KEPERAWATAN PREOPERATIF BEDAH | | 70,000 | | KEPERAWATAN PREOPERATIF ANESTESI | | 70,000 | 8 | Tindakan Cito (adalah indikasi Medik) ditambah 25 % dari jasa Medis Operator, anestesi, dan jasa pelayanan | | Di tambahkan 25 % dari tarif Operasi | B | KESEHATAN ANASTESI | | | 1 | Resusitasi jantung paru ICU/ OK dg DC shoc/ | | 260,000 | |
| A | BEDAH SENTRAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Kelas III | OP. SEDANG | 1,675,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR | 2,350,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR DENGAN PENYULIT | 3,250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SC | 2,802,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Kelas II | OP.SEDANG | 2,350,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR | 3,400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR DENGAN PENYULIT | 4,200,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SC | 5,142,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Kelas I | OP.SEDANG | 3,250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR | 4,100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR DENGAN PENYULIT | 5,200,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SC | 7,470,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | OPERASI KHUSUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OPERASI KHUSUS SEDANG | 9,400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OPERASI KHUSUS BESAR | 10,600,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | TAMBAHAN BIAYA MENGGUNAKAN PERALATAN CANGGIH | | 1,750,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | APD bedah berupa : Baju Operasi disposable, tutup kepala, handscoone non steril, masker | | 50.000/ pasien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | KEPERAWATAN PREOPERATIF BEDAH | | 70,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | KEPERAWATAN PREOPERATIF ANESTESI | | 70,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Tindakan Cito (adalah indikasi Medik) ditambah 25 % dari jasa Medis Operator, anestesi, dan jasa pelayanan | | Di tambahkan 25 % dari tarif Operasi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | KESEHATAN ANASTESI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Resusitasi jantung paru ICU/ OK dg DC shoc/ | | 260,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | BEDAH SENTRAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Kelas III | OP. SEDANG | 1,675,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR | 2,350,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR DENGAN PENYULIT | 3,250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SC | 2,802,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Kelas II | OP.SEDANG | 2,350,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR | 3,400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR DENGAN PENYULIT | 4,200,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SC | 5,142,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Kelas I | OP.SEDANG | 3,250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR | 4,100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OP.BESAR DENGAN PENYULIT | 5,200,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SC | 7,470,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | OPERASI KHUSUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OPERASI KHUSUS SEDANG | 9,400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OPERASI KHUSUS BESAR | 10,600,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | TAMBAHAN BIAYA MENGGUNAKAN PERALATAN CANGGIH | | 1,750,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | APD bedah berupa : Baju Operasi disposable, tutup kepala, handscoone non steril, masker | | 50.000/ pasien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | KEPERAWATAN PREOPERATIF BEDAH | | 70,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | KEPERAWATAN PREOPERATIF ANESTESI | | 70,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Tindakan Cito (adalah indikasi Medik) ditambah 25 % dari jasa Medis Operator, anestesi, dan jasa pelayanan | | Di tambahkan 25 % dari tarif Operasi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | KESEHATAN ANASTESI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Resusitasi jantung paru ICU/ OK dg DC shoc/ | | 260,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|-------------|-----------------|-------|---|----------------------|--------|---|--|-----------|---|----------------------------|-----------|---|-----------------------------------|-----------|---|--------------------------------|-------------|---|--------|---------------------|-------|-------|--|---------|-----|-----------------------|---------|--------|-------------|--------|-------------|-----------------|--------|-------------|-----------|-----|---------------|-----------|--|-----------------|-----------|---|-----------------------|--|--|-----------|-----------|--|---------------------------|-----------|--|-----------------------|-----------|--|--------|-----|---|----|-----------------|-------|---|-----|--|--|----------------------------------|-----------|--|----------------------------|-----------|--|-----------------------------------|-----------|--|--------------------------------|-----------|--|--------|-----|---|-------|--|--|-----|-----------|--|--------|-----------|--|-------------|-----------|--|-------------|-----------|--|---------------|-----------|--|-----------------|-----------|---|-----------------------|--|--|-----------|-----------|--|---------------------------|-----------|--|-----------------------|-----------|--|--------|-----|--|
| | | <table border="1"> <tr><td></td><td>cardioversi</td><td></td></tr> <tr><td>2</td><td>(1 kali RJP/24 jam)</td><td></td></tr> <tr><td>3</td><td>Resusitasi jantung paru ICU/OK (1 kali RJP/24 jam)</td><td>128,600</td></tr> <tr><td>4</td><td>Intubasi diluar OK</td><td>175,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </table> | | cardioversi | | 2 | (1 kali RJP/24 jam) | | 3 | Resusitasi jantung paru ICU/OK (1 kali RJP/24 jam) | 128,600 | 4 | Intubasi diluar OK | 175,000 | 5 | Dst... | ... | <table border="1"> <tr><td></td><td>cardioversi</td><td></td></tr> <tr><td>2</td><td>(1 kali RJP/24 jam)</td><td></td></tr> <tr><td>3</td><td>Resusitasi jantung paru ICU/OK (1 kali RJP/24 jam)</td><td>128,600</td></tr> <tr><td>4</td><td>Intubasi diluar OK</td><td>175,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </table> | | cardioversi | | 2 | (1 kali RJP/24 jam) | | 3 | Resusitasi jantung paru ICU/OK (1 kali RJP/24 jam) | 128,600 | 4 | Intubasi diluar OK | 175,000 | 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | cardioversi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | (1 kali RJP/24 jam) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Resusitasi jantung paru ICU/OK (1 kali RJP/24 jam) | 128,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Intubasi diluar OK | 175,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | cardioversi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | (1 kali RJP/24 jam) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Resusitasi jantung paru ICU/OK (1 kali RJP/24 jam) | 128,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Intubasi diluar OK | 175,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p style="text-align: center;">TARIF PELAYANAN ONE DAY CARE</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>THT</td><td></td></tr> <tr><td></td><td>Extirpasi corpal esophagus dg GA</td><td>2,070,000</td></tr> <tr><td></td><td>Microlaring dg vocal nodul</td><td>2,070,000</td></tr> <tr><td></td><td>Reconstruction of haematome dg GA</td><td>1,910,000</td></tr> <tr><td></td><td>Extractie corpal telinga dg GA</td><td>1,700,000</td></tr> <tr><td></td><td>Dst...</td><td>...</td></tr> <tr><td>2</td><td>BEDAH</td><td></td></tr> <tr><td></td><td>Fam</td><td>3,888,500</td></tr> <tr><td></td><td>Biopsi</td><td>3,888,500</td></tr> <tr><td></td><td>Hernia anak</td><td>3,888,500</td></tr> <tr><td></td><td>polyp recti</td><td>3,888,500</td></tr> <tr><td></td><td>a.lipoma anak</td><td>3,888,500</td></tr> <tr><td></td><td>b.lipoma dewasa</td><td>3,888,500</td></tr> <tr><td>3</td><td>KEBIDANAN & KANDUNGAN</td><td></td></tr> <tr><td></td><td>Curettage</td><td>1,710,000</td></tr> <tr><td></td><td>Cyst / abscess bartholini</td><td>1,710,000</td></tr> <tr><td></td><td>Methode contraception</td><td>1,710,000</td></tr> <tr><td></td><td>Dst...</td><td>...</td></tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | THT | | | Extirpasi corpal esophagus dg GA | 2,070,000 | | Microlaring dg vocal nodul | 2,070,000 | | Reconstruction of haematome dg GA | 1,910,000 | | Extractie corpal telinga dg GA | 1,700,000 | | Dst... | ... | 2 | BEDAH | | | Fam | 3,888,500 | | Biopsi | 3,888,500 | | Hernia anak | 3,888,500 | | polyp recti | 3,888,500 | | a.lipoma anak | 3,888,500 | | b.lipoma dewasa | 3,888,500 | 3 | KEBIDANAN & KANDUNGAN | | | Curettage | 1,710,000 | | Cyst / abscess bartholini | 1,710,000 | | Methode contraception | 1,710,000 | | Dst... | ... | <p style="text-align: center;">TARIF PELAYANAN ONE DAY CARE</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>THT</td><td></td></tr> <tr><td></td><td>Extirpasi corpal esophagus dg GA</td><td>2,070,000</td></tr> <tr><td></td><td>Microlaring dg vocal nodul</td><td>2,070,000</td></tr> <tr><td></td><td>Reconstruction of haematome dg GA</td><td>1,910,000</td></tr> <tr><td></td><td>Extractie corpal telinga dg GA</td><td>1,700,000</td></tr> <tr><td></td><td>Dst...</td><td>...</td></tr> <tr><td>2</td><td>BEDAH</td><td></td></tr> <tr><td></td><td>Fam</td><td>3,888,500</td></tr> <tr><td></td><td>Biopsi</td><td>3,888,500</td></tr> <tr><td></td><td>Hernia anak</td><td>3,888,500</td></tr> <tr><td></td><td>polyp recti</td><td>3,888,500</td></tr> <tr><td></td><td>a.lipoma anak</td><td>3,888,500</td></tr> <tr><td></td><td>b.lipoma dewasa</td><td>3,888,500</td></tr> <tr><td>3</td><td>KEBIDANAN & KANDUNGAN</td><td></td></tr> <tr><td></td><td>Curettage</td><td>1,710,000</td></tr> <tr><td></td><td>Cyst / abscess bartholini</td><td>1,710,000</td></tr> <tr><td></td><td>Methode contraception</td><td>1,710,000</td></tr> <tr><td></td><td>Dst...</td><td>...</td></tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | THT | | | Extirpasi corpal esophagus dg GA | 2,070,000 | | Microlaring dg vocal nodul | 2,070,000 | | Reconstruction of haematome dg GA | 1,910,000 | | Extractie corpal telinga dg GA | 1,700,000 | | Dst... | ... | 2 | BEDAH | | | Fam | 3,888,500 | | Biopsi | 3,888,500 | | Hernia anak | 3,888,500 | | polyp recti | 3,888,500 | | a.lipoma anak | 3,888,500 | | b.lipoma dewasa | 3,888,500 | 3 | KEBIDANAN & KANDUNGAN | | | Curettage | 1,710,000 | | Cyst / abscess bartholini | 1,710,000 | | Methode contraception | 1,710,000 | | Dst... | ... | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | THT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extirpasi corpal esophagus dg GA | 2,070,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Microlaring dg vocal nodul | 2,070,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reconstruction of haematome dg GA | 1,910,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extractie corpal telinga dg GA | 1,700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | BEDAH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fam | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Biopsi | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hernia anak | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | polyp recti | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.lipoma anak | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.lipoma dewasa | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | KEBIDANAN & KANDUNGAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Curettage | 1,710,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cyst / abscess bartholini | 1,710,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Methode contraception | 1,710,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | THT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extirpasi corpal esophagus dg GA | 2,070,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Microlaring dg vocal nodul | 2,070,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reconstruction of haematome dg GA | 1,910,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Extractie corpal telinga dg GA | 1,700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | BEDAH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fam | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Biopsi | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Hernia anak | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | polyp recti | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.lipoma anak | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.lipoma dewasa | 3,888,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | KEBIDANAN & KANDUNGAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Curettage | 1,710,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cyst / abscess bartholini | 1,710,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Methode contraception | 1,710,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p style="text-align: center;">TARIF PELAYANAN BANK DARAH</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>Golongan darah plate</td><td>15,000</td></tr> <tr><td>2</td><td>Golongan darah tabung</td><td>30,000</td></tr> <tr><td>3</td><td>cross match</td><td>25,000</td></tr> <tr><td>4</td><td>cross match gel</td><td>50,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | Golongan darah plate | 15,000 | 2 | Golongan darah tabung | 30,000 | 3 | cross match | 25,000 | 4 | cross match gel | 50,000 | 5 | Dst... | ... | <p style="text-align: center;">TARIF PELAYANAN BANK DARAH</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>Golongan darah plate</td><td>15,000</td></tr> <tr><td>2</td><td>Golongan darah tabung</td><td>30,000</td></tr> <tr><td>3</td><td>cross match</td><td>25,000</td></tr> <tr><td>4</td><td>cross match gel</td><td>50,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | Golongan darah plate | 15,000 | 2 | Golongan darah tabung | 30,000 | 3 | cross match | 25,000 | 4 | cross match gel | 50,000 | 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Golongan darah plate | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Golongan darah tabung | 30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | cross match | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | cross match gel | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Golongan darah plate | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Golongan darah tabung | 30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | cross match | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | cross match gel | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---------------------------------------|---|-------------|-----------------|-------|---|-----------------|--------|---|-----------------|--------|---|----------------|--------|---|--------------------------------------|--------|---|--------|-----|----|-----------------|-------|---|-----------------------|--|--|-------------------|-----------|--|-----------------------|-----------|--|-----------|-----------|--|--------|---------|--|--------|-----|---|---------------------------------------|--|--|-----------------|--------|--|----------------------|--------|--|-------------------------|--------|--|---------------------------|--------|--|----------|-----|----|-----------------|-------|---|-----|---------|---|------|---------|---|------|---------|---|-------------|---------|---|--------|-----|---|----|-----------------|-------|---|-----------------|--------|---|-----------------|--------|---|----------------|--------|---|--------------------------------------|--------|---|--------|-----|----|-----------------|-------|---|-----------------------|--|--|-------------------|-----------|--|-----------------------|-----------|--|-----------|-----------|--|--------|---------|--|--------|-----|---|---------------------------------------|--|--|-----------------|--------|--|----------------------|--------|--|-------------------------|--------|--|---------------------------|--------|--|----------|-----|----|-----------------|-------|---|-----|---------|---|------|---------|---|------|---------|---|-------------|---------|---|--------|-----|--|
| | | <p style="text-align: center;">TARIF POLIKLINIK BEDAH</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>Dressing ringan</td><td>25,000</td></tr> <tr><td>2</td><td>Dressing sedang</td><td>40,000</td></tr> <tr><td>3</td><td>Dressing Berat</td><td>60,000</td></tr> <tr><td>4</td><td>Pasang kateter oleh dokter spesialis</td><td>90,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN KEBIDANAN DAN KANDUNGAN</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>Kamar Bersalin</td><td></td></tr> <tr><td></td><td>Persalinan normal</td><td>1,550,000</td></tr> <tr><td></td><td>Persalinan partologis</td><td>1,700,000</td></tr> <tr><td></td><td>Curretage</td><td>1,246,000</td></tr> <tr><td></td><td>Biopsi</td><td>285,000</td></tr> <tr><td></td><td>Dst...</td><td>...</td></tr> <tr><td>2</td><td>POLI KANDUNGAN & KEBIDANAN</td><td></td></tr> <tr><td></td><td>1 Lepas jahitan</td><td>80,000</td></tr> <tr><td></td><td>2 Rawat luka operasi</td><td>80,000</td></tr> <tr><td></td><td>3 Pengambilan pap smear</td><td>80,000</td></tr> <tr><td></td><td>4 Pemeriksaan gynaecology</td><td>48,000</td></tr> <tr><td></td><td>5 Dst...</td><td>...</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN KESEHATAN SYARAF</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>TCD</td><td>270,000</td></tr> <tr><td>2</td><td>ENMG</td><td>340,000</td></tr> <tr><td>3</td><td>BERA</td><td>170,000</td></tr> <tr><td>4</td><td>ENMG + SSEP</td><td>700,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN KESEHATAN PARU</p> | NO | JENIS PELAYANAN | TARIF | 1 | Dressing ringan | 25,000 | 2 | Dressing sedang | 40,000 | 3 | Dressing Berat | 60,000 | 4 | Pasang kateter oleh dokter spesialis | 90,000 | 5 | Dst... | ... | NO | JENIS PELAYANAN | TARIF | 1 | Kamar Bersalin | | | Persalinan normal | 1,550,000 | | Persalinan partologis | 1,700,000 | | Curretage | 1,246,000 | | Biopsi | 285,000 | | Dst... | ... | 2 | POLI KANDUNGAN & KEBIDANAN | | | 1 Lepas jahitan | 80,000 | | 2 Rawat luka operasi | 80,000 | | 3 Pengambilan pap smear | 80,000 | | 4 Pemeriksaan gynaecology | 48,000 | | 5 Dst... | ... | NO | JENIS PELAYANAN | TARIF | 1 | TCD | 270,000 | 2 | ENMG | 340,000 | 3 | BERA | 170,000 | 4 | ENMG + SSEP | 700,000 | 5 | Dst... | ... | <p style="text-align: center;">TARIF POLIKLINIK BEDAH</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>Dressing ringan</td><td>25,000</td></tr> <tr><td>2</td><td>Dressing sedang</td><td>40,000</td></tr> <tr><td>3</td><td>Dressing Berat</td><td>60,000</td></tr> 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Dst...</td><td>...</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN KESEHATAN SYARAF</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>TCD</td><td>270,000</td></tr> <tr><td>2</td><td>ENMG</td><td>340,000</td></tr> <tr><td>3</td><td>BERA</td><td>170,000</td></tr> <tr><td>4</td><td>ENMG + SSEP</td><td>700,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN KESEHATAN PARU</p> | NO | JENIS PELAYANAN | TARIF | 1 | Dressing ringan | 25,000 | 2 | Dressing sedang | 40,000 | 3 | Dressing Berat | 60,000 | 4 | Pasang kateter oleh dokter spesialis | 90,000 | 5 | Dst... | ... | NO | JENIS PELAYANAN | TARIF | 1 | Kamar Bersalin | | | Persalinan normal | 1,550,000 | | Persalinan partologis | 1,700,000 | | Curretage | 1,246,000 | | Biopsi | 285,000 | | Dst... | ... | 2 | POLI KANDUNGAN & KEBIDANAN | | | 1 Lepas jahitan | 80,000 | | 2 Rawat luka operasi | 80,000 | | 3 Pengambilan pap smear | 80,000 | | 4 Pemeriksaan gynaecology | 48,000 | | 5 Dst... | ... | NO | JENIS PELAYANAN | TARIF | 1 | TCD | 270,000 | 2 | ENMG | 340,000 | 3 | BERA | 170,000 | 4 | ENMG + SSEP | 700,000 | 5 | Dst... | ... | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Dressing ringan | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Dressing sedang | 40,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Dressing Berat | 60,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Pasang kateter oleh dokter spesialis | 90,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Kamar Bersalin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Persalinan normal | 1,550,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Persalinan partologis | 1,700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Curretage | 1,246,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Biopsi | 285,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | POLI KANDUNGAN & KEBIDANAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 Lepas jahitan | 80,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 Rawat luka operasi | 80,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 Pengambilan pap smear | 80,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Pemeriksaan gynaecology | 48,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | TCD | 270,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ENMG | 340,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | BERA | 170,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ENMG + SSEP | 700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Dressing ringan | 25,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Dressing sedang | 40,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Dressing Berat | 60,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Pasang kateter oleh dokter spesialis | 90,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Kamar Bersalin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Persalinan normal | 1,550,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Persalinan partologis | 1,700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Curretage | 1,246,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Biopsi | 285,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | POLI KANDUNGAN & KEBIDANAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 Lepas jahitan | 80,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 Rawat luka operasi | 80,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 Pengambilan pap smear | 80,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 Pemeriksaan gynaecology | 48,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | TCD | 270,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ENMG | 340,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | BERA | 170,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ENMG + SSEP | 700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|-------------|-----------------|-------|---|------------|---------|---|--------------|-----------|---|----------------------|-----------|---|-----|---------|---|--------|-----|----|-----------------|-------|---|-------------|--|---|----------------------------------|--|--|--|-------|--|---------------------|-------|--|------------------------------|--------|--|----------|-----|---|----------------|---------|---|-----------------|--------|---|--------------|--------|---|--------|-----|--|--|--|---|----------------|--|--|------------------------------|-------|----|-----------------|-------|---|--------------------|--|---|--|--------|---|--|--------|---|--|---------|---|----------------------------|---------|---|--------|-----|--|--|--|---|-------------------|--|--|-------------|--|--|--------|---------|--|------------|--------|---|----|-----------------|-------|---|------------|---------|---|--------------|-----------|---|----------------------|-----------|---|-----|---------|---|--------|-----|----|-----------------|-------|---|-------------|--|---|----------------------------------|--|--|--|-------|--|---------------------|-------|--|------------------------------|--------|--|----------|-----|---|----------------|---------|---|-----------------|--------|---|--------------|--------|---|--------|-----|--|--|--|---|----------------|--|--|------------------------------|-------|----|-----------------|-------|---|--------------------|--|---|--|--------|---|--|--------|---|--|---------|---|----------------------------|---------|---|--------|-----|--|--|--|---|-------------------|--|--|-------------|--|--|--------|---------|--|------------|--------|--|
| | | <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>Spirometry</td><td>115,000</td></tr> <tr><td>2</td><td>Bronchoscopy</td><td>1,400,000</td></tr> <tr><td>3</td><td>Bronchoscopy therapi</td><td>1,400,000</td></tr> <tr><td>4</td><td>WSD</td><td>600,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN CSSD & LOUNDRY</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>A</td><td>CSSD</td><td></td></tr> <tr><td>1</td><td>Proses penerimaan dari unit lain</td><td></td></tr> <tr><td></td><td>a.pencatatan nama alat / bahan yang diterima</td><td>7,000</td></tr> <tr><td></td><td>b.proses perendaman</td><td>5,000</td></tr> <tr><td></td><td>c.menggunakan cairan helizym</td><td>16,000</td></tr> <tr><td></td><td>d.dst...</td><td>...</td></tr> <tr><td>2</td><td>Set SC lengkap</td><td>118,000</td></tr> <tr><td>3</td><td>Set duk operasi</td><td>50,000</td></tr> <tr><td>4</td><td>Set appendix</td><td>75,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>B</td><td>LOUNDRY</td><td></td></tr> <tr><td></td><td>Pencucian linen kotor per kg</td><td>6,000</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN REHABILITASI MEDIK</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>A</td><td>RAWAT JALAN</td><td></td></tr> <tr><td>1</td><td>Uji fungsi kardiorespirasi ringan (uji jalan 6 menit)</td><td>45,000</td></tr> <tr><td>2</td><td>Uji fungsi kardiorespirasi sedang (dengan ergo cycle)</td><td>75,000</td></tr> <tr><td>3</td><td>Uji fungsi kardiorespirasi berat (dengan treadmill)</td><td>120,000</td></tr> <tr><td>4</td><td>Uji fungsi berkemih ringan</td><td>160,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>B</td><td>RAWAT INAP</td><td></td></tr> <tr><td></td><td>Jasa terapi</td><td></td></tr> <tr><td></td><td>a. VIP</td><td>150,000</td></tr> <tr><td></td><td>b. Kelas I</td><td>100000</td></tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | Spirometry | 115,000 | 2 | Bronchoscopy | 1,400,000 | 3 | Bronchoscopy therapi | 1,400,000 | 4 | WSD | 600,000 | 5 | Dst... | ... | NO | JENIS PELAYANAN | TARIF | A | CSSD | | 1 | Proses penerimaan dari unit lain | | | a.pencatatan nama alat / bahan yang diterima | 7,000 | | b.proses perendaman | 5,000 | | c.menggunakan cairan helizym | 16,000 | | d.dst... | ... | 2 | Set SC lengkap | 118,000 | 3 | Set duk operasi | 50,000 | 4 | Set appendix | 75,000 | 5 | Dst... | ... | | | | B | LOUNDRY | | | Pencucian linen kotor per kg | 6,000 | NO | JENIS PELAYANAN | TARIF | A | RAWAT JALAN | | 1 | Uji fungsi kardiorespirasi ringan (uji jalan 6 menit) | 45,000 | 2 | Uji fungsi kardiorespirasi sedang (dengan ergo cycle) | 75,000 | 3 | Uji fungsi kardiorespirasi berat (dengan treadmill) | 120,000 | 4 | Uji fungsi berkemih ringan | 160,000 | 5 | Dst... | ... | | | | B | RAWAT INAP | | | Jasa terapi | | | a. VIP | 150,000 | | b. Kelas I | 100000 | <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>1</td><td>Spirometry</td><td>115,000</td></tr> <tr><td>2</td><td>Bronchoscopy</td><td>1,400,000</td></tr> <tr><td>3</td><td>Bronchoscopy therapi</td><td>1,400,000</td></tr> <tr><td>4</td><td>WSD</td><td>600,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN CSSD & LOUNDRY</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>A</td><td>CSSD</td><td></td></tr> <tr><td>1</td><td>Proses penerimaan dari unit lain</td><td></td></tr> <tr><td></td><td>a.pencatatan nama alat / bahan yang diterima</td><td>7,000</td></tr> <tr><td></td><td>b.proses perendaman</td><td>5,000</td></tr> <tr><td></td><td>c.menggunakan cairan helizym</td><td>16,000</td></tr> <tr><td></td><td>d.dst...</td><td>...</td></tr> <tr><td>2</td><td>Set SC lengkap</td><td>118,000</td></tr> <tr><td>3</td><td>Set duk operasi</td><td>50,000</td></tr> <tr><td>4</td><td>Set appendix</td><td>75,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>B</td><td>LOUNDRY</td><td></td></tr> <tr><td></td><td>Pencucian linen kotor per kg</td><td>6,000</td></tr> </tbody> </table> <p style="text-align: center;">TARIF PELAYANAN REHABILITASI MEDIK</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr><td>A</td><td>RAWAT JALAN</td><td></td></tr> <tr><td>1</td><td>Uji fungsi kardiorespirasi ringan (uji jalan 6 menit)</td><td>45,000</td></tr> <tr><td>2</td><td>Uji fungsi kardiorespirasi sedang (dengan ergo cycle)</td><td>75,000</td></tr> <tr><td>3</td><td>Uji fungsi kardiorespirasi berat (dengan treadmill)</td><td>120,000</td></tr> <tr><td>4</td><td>Uji fungsi berkemih ringan</td><td>160,000</td></tr> <tr><td>5</td><td>Dst...</td><td>...</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>B</td><td>RAWAT INAP</td><td></td></tr> <tr><td></td><td>Jasa terapi</td><td></td></tr> <tr><td></td><td>a. 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VIP | 150,000 | | b. Kelas I | 100000 | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Spirometry | 115,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Bronchoscopy | 1,400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Bronchoscopy therapi | 1,400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | WSD | 600,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | CSSD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Proses penerimaan dari unit lain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.pencatatan nama alat / bahan yang diterima | 7,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.proses perendaman | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c.menggunakan cairan helizym | 16,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | d.dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Set SC lengkap | 118,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Set duk operasi | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Set appendix | 75,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B | LOUNDRY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pencucian linen kotor per kg | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | RAWAT JALAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Uji fungsi kardiorespirasi ringan (uji jalan 6 menit) | 45,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Uji fungsi kardiorespirasi sedang (dengan ergo cycle) | 75,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Uji fungsi kardiorespirasi berat (dengan treadmill) | 120,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Uji fungsi berkemih ringan | 160,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B | RAWAT INAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jasa terapi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. VIP | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b. Kelas I | 100000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Spirometry | 115,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Bronchoscopy | 1,400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Bronchoscopy therapi | 1,400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | WSD | 600,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | CSSD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Proses penerimaan dari unit lain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.pencatatan nama alat / bahan yang diterima | 7,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.proses perendaman | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c.menggunakan cairan helizym | 16,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | d.dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Set SC lengkap | 118,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Set duk operasi | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Set appendix | 75,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B | LOUNDRY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pencucian linen kotor per kg | 6,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | RAWAT JALAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Uji fungsi kardiorespirasi ringan (uji jalan 6 menit) | 45,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Uji fungsi kardiorespirasi sedang (dengan ergo cycle) | 75,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Uji fungsi kardiorespirasi berat (dengan treadmill) | 120,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Uji fungsi berkemih ringan | 160,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B | RAWAT INAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Jasa terapi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. VIP | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b. Kelas I | 100000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|-------------|-----------------|-------|---|---------------------------|--------|---|--|---------|---|---------------------------------|-------------|-------|--|--------------|--------|-----------------------------|------------------|---------|---|--|--|-------------------|--------|--|-------------------------|--------|---|----------------------------|---------|--|---|-----------------|-------|--|-------------------------|--|-------------|--|--|-------------------|---------|--------|-------------------------|----------|--------|-----|-----------|--------|--------|---|---|----|-----------------|--------|---|---------------------------|--------|--|----------------------------------|--------|--|---------------------------------|---------|---|--|---------|---|-----------------------------|---------|--|---|--|--|-------------------|--|--|-------------------------|--|---|----------------------------|---------|--|---|--|--|--|--|--|-------------|--|--|-------------------|--|--|-------------------------|--|--|-----|--|---|--------|-----|--|
| | | <table border="1"> <tr> <td></td> <td>c. Kelas II</td> <td>75000</td> </tr> <tr> <td></td> <td>d. Kelas III</td> <td>50,000</td> </tr> <tr> <td></td> <td>e. ICU/PICU/NICU</td> <td>150,000</td> </tr> </table> | | c. Kelas II | 75000 | | d. Kelas III | 50,000 | | e. ICU/PICU/NICU | 150,000 | <table border="1"> <tr> <td></td> <td>c. Kelas II</td> <td>75000</td> </tr> <tr> <td></td> <td>d. Kelas III</td> <td>50,000</td> </tr> <tr> <td></td> <td>e. ICU/PICU/NICU</td> <td>150,000</td> </tr> </table> | | c. Kelas II | 75000 | | d. Kelas III | 50,000 | | e. ICU/PICU/NICU | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c. Kelas II | 75000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | d. Kelas III | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | e. ICU/PICU/NICU | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c. Kelas II | 75000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | d. Kelas III | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | e. ICU/PICU/NICU | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p style="text-align: center;">PELAYANAN GIZI</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td></td> <td>RUANG RAWAT INAP</td> <td></td> </tr> <tr> <td>1</td> <td>Skrining, assesmen, pemantauan gizi oleh dietisien</td> <td></td> </tr> <tr> <td></td> <td>Kelas I</td> <td>15,000</td> </tr> <tr> <td></td> <td>Kelas II</td> <td>12,500</td> </tr> <tr> <td></td> <td>Kelas III</td> <td>10,000</td> </tr> <tr> <td>2</td> <td>Makanan diet khusus (katering dari luar RS)</td> <td></td> </tr> <tr> <td></td> <td>Paket A</td> <td>40,000</td> </tr> <tr> <td></td> <td>Paket B</td> <td>35,000</td> </tr> <tr> <td></td> <td>Paket C</td> <td>30,000</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | | RUANG RAWAT INAP | | 1 | Skrining, assesmen, pemantauan gizi oleh dietisien | | | Kelas I | 15,000 | | Kelas II | 12,500 | | Kelas III | 10,000 | 2 | Makanan diet khusus (katering dari luar RS) | | | Paket A | 40,000 | | Paket B | 35,000 | | Paket C | 30,000 | <p style="text-align: center;">PELAYANAN GIZI</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td></td> <td>RUANG RAWAT INAP</td> <td></td> </tr> <tr> <td>1</td> <td>Skrining, assesmen, pemantauan gizi oleh dietisien</td> <td></td> </tr> <tr> <td></td> <td>Kelas I</td> <td>15,000</td> </tr> <tr> <td></td> <td>Kelas II</td> <td>12,500</td> </tr> <tr> <td></td> <td>Kelas III</td> <td>10,000</td> </tr> <tr> <td>2</td> <td>Makanan diet khusus (katering dari luar RS)</td> <td></td> </tr> <tr> <td></td> <td>Paket A</td> <td>40,000</td> </tr> <tr> <td></td> <td>Paket B</td> <td>35,000</td> </tr> <tr> <td></td> <td>Paket C</td> <td>30,000</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | | RUANG RAWAT INAP | | 1 | Skrining, assesmen, pemantauan gizi oleh dietisien | | | Kelas I | 15,000 | | Kelas II | 12,500 | | Kelas III | 10,000 | 2 | Makanan diet khusus (katering dari luar RS) | | | Paket A | 40,000 | | Paket B | 35,000 | | Paket C | 30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RUANG RAWAT INAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Skrining, assesmen, pemantauan gizi oleh dietisien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kelas I | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kelas II | 12,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kelas III | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Makanan diet khusus (katering dari luar RS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Paket A | 40,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Paket B | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Paket C | 30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RUANG RAWAT INAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Skrining, assesmen, pemantauan gizi oleh dietisien | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kelas I | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kelas II | 12,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kelas III | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Makanan diet khusus (katering dari luar RS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Paket A | 40,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Paket B | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Paket C | 30,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p style="text-align: center;">PELAYANAN KESEHATAN MEDICAL CEK UP</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>pemeriksaan fisik / surat</td> <td></td> </tr> <tr> <td></td> <td>- surat keterangan sehat jasmani</td> <td>50,000</td> </tr> <tr> <td></td> <td>- surat keterangan sehat rohani</td> <td>200,000</td> </tr> <tr> <td>2</td> <td>pemeriksaan kesehatana rohani(tarif psikologi)</td> <td>180,000</td> </tr> <tr> <td>3</td> <td>paket pemeriksaan sederhana</td> <td>250,000</td> </tr> <tr> <td></td> <td>laboratorium : urin lengkap & darah rutin</td> <td></td> </tr> <tr> <td></td> <td>pemeriksaan fisik</td> <td></td> </tr> <tr> <td></td> <td>radiologi : foto thorax</td> <td></td> </tr> <tr> <td>4</td> <td>paket pemeriksaan PNS 100%</td> <td>465,000</td> </tr> <tr> <td></td> <td>laboratorium rutin : urin lengkap & darah rutin</td> <td></td> </tr> <tr> <td></td> <td>kimia darah : SGOT, SGPT, BUN, Creatinine, glukosa</td> <td></td> </tr> <tr> <td></td> <td>darah puasa</td> <td></td> </tr> <tr> <td></td> <td>pemeriksaan fisik</td> <td></td> </tr> <tr> <td></td> <td>radiologi : foto thorax</td> <td></td> </tr> <tr> <td></td> <td>EKG</td> <td></td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | pemeriksaan fisik / surat | | | - surat keterangan sehat jasmani | 50,000 | | - surat keterangan sehat rohani | 200,000 | 2 | pemeriksaan kesehatana rohani(tarif psikologi) | 180,000 | 3 | paket pemeriksaan sederhana | 250,000 | | laboratorium : urin lengkap & darah rutin | | | pemeriksaan fisik | | | radiologi : foto thorax | | 4 | paket pemeriksaan PNS 100% | 465,000 | | laboratorium rutin : urin lengkap & darah rutin | | | kimia darah : SGOT, SGPT, BUN, Creatinine, glukosa | | | darah puasa | | | pemeriksaan fisik | | | radiologi : foto thorax | | | EKG | | 5 | Dst... | ... | <p style="text-align: center;">PELAYANAN KESEHATAN MEDICAL CEK UP</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>pemeriksaan fisik / surat</td> <td></td> </tr> <tr> <td></td> <td>- surat keterangan sehat jasmani</td> <td>50,000</td> </tr> <tr> <td></td> <td>- surat keterangan sehat rohani</td> <td>200,000</td> </tr> <tr> <td>2</td> <td>pemeriksaan kesehatana rohani(tarif psikologi)</td> <td>180,000</td> </tr> <tr> <td>3</td> <td>paket pemeriksaan sederhana</td> <td>250,000</td> </tr> <tr> <td></td> <td>laboratorium : urin lengkap & darah rutin</td> <td></td> </tr> <tr> <td></td> <td>pemeriksaan fisik</td> <td></td> </tr> <tr> <td></td> <td>radiologi : foto thorax</td> <td></td> </tr> <tr> <td>4</td> <td>paket pemeriksaan PNS 100%</td> <td>465,000</td> </tr> <tr> <td></td> <td>laboratorium rutin : urin lengkap & darah rutin</td> <td></td> </tr> <tr> <td></td> <td>kimia darah : SGOT, SGPT, BUN, Creatinine, glukosa</td> <td></td> </tr> <tr> <td></td> <td>darah puasa</td> <td></td> </tr> <tr> <td></td> <td>pemeriksaan fisik</td> <td></td> </tr> <tr> <td></td> <td>radiologi : foto thorax</td> <td></td> </tr> <tr> <td></td> <td>EKG</td> <td></td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | pemeriksaan fisik / surat | | | - surat keterangan sehat jasmani | 50,000 | | - surat keterangan sehat rohani | 200,000 | 2 | pemeriksaan kesehatana rohani(tarif psikologi) | 180,000 | 3 | paket pemeriksaan sederhana | 250,000 | | laboratorium : urin lengkap & darah rutin | | | pemeriksaan fisik | | | radiologi : foto thorax | | 4 | paket pemeriksaan PNS 100% | 465,000 | | laboratorium rutin : urin lengkap & darah rutin | | | kimia darah : SGOT, SGPT, BUN, Creatinine, glukosa | | | darah puasa | | | pemeriksaan fisik | | | radiologi : foto thorax | | | EKG | | 5 | Dst... | ... | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | pemeriksaan fisik / surat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - surat keterangan sehat jasmani | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - surat keterangan sehat rohani | 200,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | pemeriksaan kesehatana rohani(tarif psikologi) | 180,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | paket pemeriksaan sederhana | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | laboratorium : urin lengkap & darah rutin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | pemeriksaan fisik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | radiologi : foto thorax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | paket pemeriksaan PNS 100% | 465,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | laboratorium rutin : urin lengkap & darah rutin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | kimia darah : SGOT, SGPT, BUN, Creatinine, glukosa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | darah puasa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | pemeriksaan fisik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | radiologi : foto thorax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EKG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | pemeriksaan fisik / surat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - surat keterangan sehat jasmani | 50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - surat keterangan sehat rohani | 200,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | pemeriksaan kesehatana rohani(tarif psikologi) | 180,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | paket pemeriksaan sederhana | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | laboratorium : urin lengkap & darah rutin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | pemeriksaan fisik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | radiologi : foto thorax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | paket pemeriksaan PNS 100% | 465,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | laboratorium rutin : urin lengkap & darah rutin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | kimia darah : SGOT, SGPT, BUN, Creatinine, glukosa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | darah puasa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | pemeriksaan fisik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | radiologi : foto thorax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EKG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|--|--|-----------------|-----------------|-------|-----------------------------|---|-----------|---------------------|--|-----------|----------------|--|---------|---|---|-----------|------------------------|--------|-----|---------------------|--------|------|----------------|---|---------|----|--|---------|--------------------------|--------------------------------------|--------|------------------|---------------------------------------|---------|------|-----------------------------|--------|---------------------|--------------------------------|--------|--|--------|-----------------|-------|---|---|-------------------------------|---|--|---------------------------------------|---|--|--|-------|---|--------------------------------------|-------|--|------|-----------------|-------|------|-----------------------------|---|---------|---------------------|--|---------|----------------|-----------|--|------|-----------|---|------------------------|-----------|--|---------------------|-----------|--|--|--------|--|--|--|---|--------------------------|--|--|------------------|--------|--|--|--|---|---------------------|--|--|------------------|--------|--|--|--|---|-------------------------------|--|---|---------------------------------------|--|--|--|-------|--|--------------------------------------|-------|
| | | PELAYANAN PEMULASARAAN JENAZAH/FORENSIK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Ototpsi jenazah segar (tanpa pemeriksaan penunjang) | 1,400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Ototpsi jenazah busuk(tanpa pemeriksaan penunjang) | 1,750,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Ototpsi jenazah bayi (tanpa pemeriksaan penunjang) | 700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Ototpsi jenazah WNA (tanpa pemeriksaan penunjang) | 1,750,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15 | Penyimpanan jenazah (dihitung per hari) (>6 jam = 1 hari) | 270,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | pengiriman jenazah include : peti kayu & administrasi | 342,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 17 | Pembuatan surat kematian(rangkap 3-) | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 19 | pengisian form asuransi jiwa/kematian | 408,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 20 | surat keterangan pengawetan | 70,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 21 | surat keterangan tidak menular | 70,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Ototpsi jenazah segar (tanpa pemeriksaan penunjang) | 1,400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Ototpsi jenazah busuk(tanpa pemeriksaan penunjang) | 1,750,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Ototpsi jenazah bayi (tanpa pemeriksaan penunjang) | 700,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Ototpsi jenazah WNA (tanpa pemeriksaan penunjang) | 1,750,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15 | Penyimpanan jenazah (dihitung per hari) (>6 jam = 1 hari) | 270,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | pengiriman jenazah include : peti kayu & administrasi | 342,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 17 | (dihapus) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 19 | (dihapus) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 20 | (dihapus) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 21 | (dihapus) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PELAYANAN FARMASI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | konseling farmasi spesialis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Kelas I, II, III | 14,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. rawat jalan | 14,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B | Konseling farmasi umum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Kelas I, II, III | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. rawat jalan | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| C | visite farmasi spesialis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kelas I, II, III | 14,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| D | visite farmasi umum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kelas I, II, III | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E | teknisi kefarmasian/peracikan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | individual prescription (rawat jalan) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.obat jadi per resep per lembar resep | 7,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.racikan per resep per item racikan | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | konseling farmasi spesialis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Kelas I, II, III | 14,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. rawat jalan | 14,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B | Konseling farmasi umum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Kelas I, II, III | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2. rawat jalan | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| C | visite farmasi spesialis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kelas I, II, III | 14,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| D | visite farmasi umum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kelas I, II, III | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E | teknisi kefarmasian/peracikan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | individual prescription (rawat jalan) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.obat jadi per resep per lembar resep | 7,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.racikan per resep per item racikan | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|-------------|------------------------------------|-------|---|----------------------------------|--------|---|----------------|---------|--|---------------------|-----------------|-------|--|--------------|--------|-------------------------------------|--------------|-------|---|-------|---|----------------------------------|--|---|-------------|---------|---|-----------|-----------------|-------|----------------------------------|-------------------------|---|---|------------------------------------|---------|---|----------------------------------|---------|---|------------------|---------|---|--------------------|---------|---|--|-----|---|-------------------------------------|-------|---|---|---------|--|-----------|--|--|-----------|-----|--|-----------|-----|---|----------------------------------|-----------------|--|
| | | <table border="1"> <tr> <td>2</td> <td>unit dosen dispensing (rawat inap)</td> <td></td> </tr> <tr> <td></td> <td>a.obat jdi per hari tiap 5 Resep</td> <td>3,500</td> </tr> <tr> <td></td> <td>b.obat racikan</td> <td>1,000</td> </tr> <tr> <td></td> <td>3.embalase racikan</td> <td></td> </tr> <tr> <td></td> <td>a.untuk obat racikan puyer/kapsul per bungkus/kapsul</td> <td>350</td> </tr> <tr> <td></td> <td>b.untuk racikan salep per pot salep</td> <td>3,500</td> </tr> <tr> <td></td> <td>4.produksi skala kecil (termasuk pengencer larutan obat) per item</td> <td>3,500</td> </tr> <tr> <td></td> <td>5. dst...</td> <td></td> </tr> <tr> <td></td> <td>a. dst...</td> <td>...</td> </tr> <tr> <td></td> <td>b. dst...</td> <td>...</td> </tr> <tr> <td>F</td> <td>Material (Obat, BMHP, Gas medis)</td> <td>HNA + PPN + 28%</td> </tr> </table> | 2 | unit dosen dispensing (rawat inap) | | | a.obat jdi per hari tiap 5 Resep | 3,500 | | b.obat racikan | 1,000 | | 3.embalase racikan | | | a.untuk obat racikan puyer/kapsul per bungkus/kapsul | 350 | | b.untuk racikan salep per pot salep | 3,500 | | 4.produksi skala kecil (termasuk pengencer larutan obat) per item | 3,500 | | 5. dst... | | | a. dst... | ... | | b. dst... | ... | F | Material (Obat, BMHP, Gas medis) | HNA + PPN + 28% | <table border="1"> <tr> <td>2</td> <td>unit dosen dispensing (rawat inap)</td> <td></td> </tr> <tr> <td></td> <td>a.obat jdi per hari tiap 5 Resep</td> <td>3,500</td> </tr> <tr> <td></td> <td>b.obat racikan</td> <td>1,000</td> </tr> <tr> <td></td> <td>3.embalase racikan</td> <td></td> </tr> <tr> <td></td> <td>a.untuk obat racikan puyer/kapsul per bungkus/kapsul</td> <td>350</td> </tr> <tr> <td></td> <td>b.untuk racikan salep per pot salep</td> <td>3,500</td> </tr> <tr> <td></td> <td>4.produksi skala kecil (termasuk pengencer larutan obat) per item</td> <td>3,500</td> </tr> <tr> <td></td> <td>5. dst...</td> <td></td> </tr> <tr> <td></td> <td>a. dst...</td> <td>...</td> </tr> <tr> <td></td> <td>b. dst...</td> <td>...</td> </tr> <tr> <td>F</td> <td>Material (Obat, BMHP, Gas medis)</td> <td>HNA + PPN + 28%</td> </tr> </table> | 2 | unit dosen dispensing (rawat inap) | | | a.obat jdi per hari tiap 5 Resep | 3,500 | | b.obat racikan | 1,000 | | 3.embalase racikan | | | a.untuk obat racikan puyer/kapsul per bungkus/kapsul | 350 | | b.untuk racikan salep per pot salep | 3,500 | | 4.produksi skala kecil (termasuk pengencer larutan obat) per item | 3,500 | | 5. dst... | | | a. dst... | ... | | b. dst... | ... | F | Material (Obat, BMHP, Gas medis) | HNA + PPN + 28% | |
| 2 | unit dosen dispensing (rawat inap) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.obat jdi per hari tiap 5 Resep | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.obat racikan | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.embalase racikan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.untuk obat racikan puyer/kapsul per bungkus/kapsul | 350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.untuk racikan salep per pot salep | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4.produksi skala kecil (termasuk pengencer larutan obat) per item | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. dst... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b. dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Material (Obat, BMHP, Gas medis) | HNA + PPN + 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | unit dosen dispensing (rawat inap) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.obat jdi per hari tiap 5 Resep | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.obat racikan | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.embalase racikan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.untuk obat racikan puyer/kapsul per bungkus/kapsul | 350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.untuk racikan salep per pot salep | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4.produksi skala kecil (termasuk pengencer larutan obat) per item | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5. dst... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a. dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b. dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Material (Obat, BMHP, Gas medis) | HNA + PPN + 28% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p style="text-align: center;">PELAYANAN INCENERATOR</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Sampah medis</td> <td>20,000</td> </tr> <tr> <td>2</td> <td>Jarum suntik</td> <td>1,000</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | Sampah medis | 20,000 | 2 | Jarum suntik | 1,000 | <p style="text-align: center;">PELAYANAN INCENERATOR</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Sampah medis</td> <td>20,000</td> </tr> <tr> <td>2</td> <td>Jarum suntik</td> <td>1,000</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | Sampah medis | 20,000 | 2 | Jarum suntik | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Sampah medis | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Jarum suntik | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Sampah medis | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Jarum suntik | 1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p style="text-align: center;">PELAYANAN RADIOLOGY</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>PEMERIKSAAN X-RAY CR/DR</td> <td></td> </tr> <tr> <td>1</td> <td>thorak AP</td> <td>105,000</td> </tr> <tr> <td>2</td> <td>thorak AP & Lateral</td> <td>190,000</td> </tr> <tr> <td>3</td> <td>cranium AP & Lat</td> <td>190,000</td> </tr> <tr> <td>4</td> <td>waters</td> <td>105,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> <tr> <td>B</td> <td>PEMERIKSAAN ULTRASONOGRAFI (USG)</td> <td></td> </tr> <tr> <td>1</td> <td>USG Abdomen</td> <td>245,000</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | A | PEMERIKSAAN X-RAY CR/DR | | 1 | thorak AP | 105,000 | 2 | thorak AP & Lateral | 190,000 | 3 | cranium AP & Lat | 190,000 | 4 | waters | 105,000 | 5 | Dst... | ... | B | PEMERIKSAAN ULTRASONOGRAFI (USG) | | 1 | USG Abdomen | 245,000 | <p style="text-align: center;">PELAYANAN RADIOLOGY</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>PEMERIKSAAN X-RAY CR/DR</td> <td></td> </tr> <tr> <td>1</td> <td>thorak AP</td> <td>105,000</td> </tr> <tr> <td>2</td> <td>thorak AP & Lateral</td> <td>190,000</td> </tr> <tr> <td>3</td> <td>cranium AP & Lat</td> <td>190,000</td> </tr> <tr> <td>4</td> <td>waters</td> <td>105,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> <tr> <td>B</td> <td>PEMERIKSAAN ULTRASONOGRAFI (USG)</td> <td></td> </tr> <tr> <td>1</td> <td>USG Abdomen</td> <td>245,000</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | A | PEMERIKSAAN X-RAY CR/DR | | 1 | thorak AP | 105,000 | 2 | thorak AP & Lateral | 190,000 | 3 | cranium AP & Lat | 190,000 | 4 | waters | 105,000 | 5 | Dst... | ... | B | PEMERIKSAAN ULTRASONOGRAFI (USG) | | 1 | USG Abdomen | 245,000 | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | PEMERIKSAAN X-RAY CR/DR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | thorak AP | 105,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | thorak AP & Lateral | 190,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | cranium AP & Lat | 190,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | waters | 105,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | PEMERIKSAAN ULTRASONOGRAFI (USG) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | USG Abdomen | 245,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | PEMERIKSAAN X-RAY CR/DR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | thorak AP | 105,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | thorak AP & Lateral | 190,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | cranium AP & Lat | 190,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | waters | 105,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | PEMERIKSAAN ULTRASONOGRAFI (USG) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | USG Abdomen | 245,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan |
|-----|----------------|--|--|------------|
| | | 2 USG Mammae 245,000 | 2 USG Mammae 245,000 | |
| | | 3 USG Thyroid 245,000 | 3 USG Thyroid 245,000 | |
| | | 4 USG Urologi 245,000 | 4 USG Urologi 245,000 | |
| | | 5 Dst... .. | 5 Dst... .. | |
| | | PEMERIKSAAN FLUROSCOPY (tidak termasuk harga kontras) | PEMERIKSAAN FLUROSCOPY (tidak termasuk harga kontras) | |
| | | 1 IVP 420,000 | 1 IVP 420,000 | |
| | | 2 Colon in loop 525,000 | 2 Colon in loop 525,000 | |
| | | 3 Upper GI (OMD) 400,000 | 3 Upper GI (OMD) 400,000 | |
| | | 4 Barium Follow Through 500,000 | 4 Barium Follow Through 500,000 | |
| | | 5 Dst... .. | 5 Dst... .. | |
| | | D PEMERIKSAAN MSCT SCAN | D PEMERIKSAAN MSCT SCAN | |
| | | 1 CT Scan tanpa kontras | 1 CT Scan tanpa kontras | |
| | | a. Brain 1,050,000 | a. Brain 1,050,000 | |
| | | b. Nasofaring, laryng 1,050,000 | b. Nasofaring, laryng 1,050,000 | |
| | | c. Leher 1,050,000 | c. Leher 1,050,000 | |
| | | d. Ekstremitas atas/bawah 1,050,000 | d. Ekstremitas atas/bawah 1,050,000 | |
| | | 2 CT Scan kepala 128 slices (dengan kontras) | 2 CT Scan kepala 128 slices (dengan kontras) | |
| | | a. Brain 1,400,000 | a. Brain 1,400,000 | |
| | | b. Nasofaring, laryng 1,400,000 | b. Nasofaring, laryng 1,400,000 | |
| | | c. Leher 1,400,000 | c. Leher 1,400,000 | |
| | | d. Ekstremitas atas/bawah 1,400,000 | d. Ekstremitas atas/bawah 1,400,000 | |
| | | 3 CT Scan Abdomen atas/bawah (tanpa kontras) 1,155,000 | 3 CT Scan Abdomen atas/bawah (tanpa kontras) 1,155,000 | |
| | | 4 CT Scan Whole Abdomen (tanpa kontras) 1,295,000 | 4 CT Scan Whole Abdomen (tanpa kontras) 1,295,000 | |
| | | 5 Dst... .. | 5 Dst... .. | |
| | | PELAYANAN JIWA | | |
| | | NO JENIS PELAYANAN TARIF | NO JENIS PELAYANAN TARIF | |
| | | INSTALASI PSIKOLOGI | INSTALASI PSIKOLOGI | |
| | | A RAWAT JALAN - ANAK, REMAJA | A RAWAT JALAN - ANAK, REMAJA | |
| | | 1 tes kesiapan masuk TK/SD 56,000 | 1 tes kesiapan masuk TK/SD 56,000 | |
| | | 2 tes kecerdasan TK 4 - 6 th 70,000 | 2 tes kecerdasan TK 4 - 6 th 70,000 | |
| | | 3 tes kecerdasan SD 70,000 | 3 tes kecerdasan SD 70,000 | |
| | | 4 tes kecerdasan SMP,SLTA 84,000 | 4 tes kecerdasan SMP,SLTA 84,000 | |
| | | 8 Dst... .. | 8 Dst... .. | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---|---|-------------|----------------------|-------|---------------------|----------------|---------|---|-----------------|--------|---|--|---------|---|---|---------|---|---------|--------|--|--------|----------------------|-----------------------|---|----------------|---------|-----------------------|-----------------|--------|---------------------|--|---------|------------------------|---|---------|---------------------|--------|-----|--------|-----|---------------------|--|--|---|---|--------|---|-------------------|--------|---|----------------|--------|---|---------------|--------|---|--------|-----|----------------|--|--|---|-------------|--------|---|------------------------------------|--------|--------------------------|--|--|---|---------------------|---------|---|--------------|---------|---|----|-----------------|-------|---------------------|--|--|---|----------|--------|---|---------------------|--------|---|------------|--------|---|---------|--------|---|--------|-----|-----------------------|--|--|---|-----------------------|--------|---|---------------------|--------|---|------------------------|--------|---|---------------------|--------|---|--------|-----|---------------------|--|--|---|---|--------|---|-------------------|--------|---|----------------|--------|---|---------------|--------|---|--------|-----|----------------|--|--|---|-------------|--------|---|------------------------------------|--------|--------------------------|--|--|---|---------------------|---------|---|--------------|---------|--|
| | | <table border="1"> <tr> <td>B</td> <td>RAWAT JALAN - DEWASA</td> <td></td> </tr> <tr> <td>1</td> <td>tes kecerdasan</td> <td>100,000</td> </tr> <tr> <td>2</td> <td>tes kepribadian</td> <td>70,000</td> </tr> <tr> <td>3</td> <td>seleksi promosi, mutasi karyawan biasa</td> <td>100,000</td> </tr> <tr> <td>4</td> <td>seleksi promosi, mutasi middle management</td> <td>140,000</td> </tr> <tr> <td>5</td> <td>...</td> <td>...</td> </tr> </table> | B | RAWAT JALAN - DEWASA | | 1 | tes kecerdasan | 100,000 | 2 | tes kepribadian | 70,000 | 3 | seleksi promosi, mutasi karyawan biasa | 100,000 | 4 | seleksi promosi, mutasi middle management | 140,000 | 5 | ... | ... | <table border="1"> <tr> <td>B</td> <td>RAWAT JALAN - DEWASA</td> <td></td> </tr> <tr> <td>1</td> <td>tes kecerdasan</td> <td>100,000</td> </tr> <tr> <td>2</td> <td>tes kepribadian</td> <td>70,000</td> </tr> <tr> <td>3</td> <td>seleksi promosi, mutasi karyawan biasa</td> <td>100,000</td> </tr> <tr> <td>4</td> <td>seleksi promosi, mutasi middle management</td> <td>140,000</td> </tr> <tr> <td>5</td> <td>...</td> <td>...</td> </tr> </table> | B | RAWAT JALAN - DEWASA | | 1 | tes kecerdasan | 100,000 | 2 | tes kepribadian | 70,000 | 3 | seleksi promosi, mutasi karyawan biasa | 100,000 | 4 | seleksi promosi, mutasi middle management | 140,000 | 5 | ... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | RAWAT JALAN - DEWASA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | tes kecerdasan | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | tes kepribadian | 70,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | seleksi promosi, mutasi karyawan biasa | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | seleksi promosi, mutasi middle management | 140,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | RAWAT JALAN - DEWASA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | tes kecerdasan | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | tes kepribadian | 70,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | seleksi promosi, mutasi karyawan biasa | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | seleksi promosi, mutasi middle management | 140,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p style="text-align: center;">TARIF PELAYANAN LABOLATORIUM</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td colspan="3">A HEMATOLOGI</td> </tr> <tr> <td>1</td> <td>Sampling</td> <td>10,000</td> </tr> <tr> <td>2</td> <td>Hematology analyzer</td> <td>84,000</td> </tr> <tr> <td>3</td> <td>Hemoglobin</td> <td>10,000</td> </tr> <tr> <td>4</td> <td>LED/ESR</td> <td>20,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> <tr> <td colspan="3">B KIMIA KLINIK</td> </tr> <tr> <td>1</td> <td>Glukosa darah sewaktu</td> <td>24,000</td> </tr> <tr> <td>2</td> <td>Glukosa darah puasa</td> <td>24,000</td> </tr> <tr> <td>3</td> <td>Glukosa darah 2 jam PP</td> <td>24,000</td> </tr> <tr> <td>4</td> <td>Glukosa darah stick</td> <td>24,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> <tr> <td colspan="3">C URINALISIS</td> </tr> <tr> <td>1</td> <td>Urine Lengkap (kimia urine & sedimen urine)</td> <td>42,000</td> </tr> <tr> <td>2</td> <td>Urine Rutin Stick</td> <td>20,000</td> </tr> <tr> <td>3</td> <td>Protein Esbach</td> <td>15,000</td> </tr> <tr> <td>4</td> <td>Total Protein</td> <td>24,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> <tr> <td colspan="3">D FECES</td> </tr> <tr> <td>1</td> <td>Feces rutin</td> <td>35,000</td> </tr> <tr> <td>2</td> <td>Pemeriksaan Darah Samar (FOB test)</td> <td>65,000</td> </tr> <tr> <td colspan="3">E IMMUNO-SEROLOGI</td> </tr> <tr> <td>1</td> <td>Anti HAV kualitatif</td> <td>100,000</td> </tr> <tr> <td>2</td> <td>IgM Anti HAV</td> <td>150,000</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | A HEMATOLOGI | | | 1 | Sampling | 10,000 | 2 | Hematology analyzer | 84,000 | 3 | Hemoglobin | 10,000 | 4 | LED/ESR | 20,000 | 5 | Dst... | ... | B KIMIA KLINIK | | | 1 | Glukosa darah sewaktu | 24,000 | 2 | Glukosa darah puasa | 24,000 | 3 | Glukosa darah 2 jam PP | 24,000 | 4 | Glukosa darah stick | 24,000 | 5 | Dst... | ... | C URINALISIS | | | 1 | Urine Lengkap (kimia urine & sedimen urine) | 42,000 | 2 | Urine Rutin Stick | 20,000 | 3 | Protein Esbach | 15,000 | 4 | Total Protein | 24,000 | 5 | Dst... | ... | D FECES | | | 1 | Feces rutin | 35,000 | 2 | Pemeriksaan Darah Samar (FOB test) | 65,000 | E IMMUNO-SEROLOGI | | | 1 | Anti HAV kualitatif | 100,000 | 2 | IgM Anti HAV | 150,000 | <p style="text-align: center;">TARIF PELAYANAN LABOLATORIUM</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td colspan="3">A HEMATOLOGI</td> </tr> <tr> <td>1</td> <td>Sampling</td> <td>10,000</td> </tr> <tr> <td>2</td> <td>Hematology analyzer</td> <td>84,000</td> </tr> <tr> <td>3</td> <td>Hemoglobin</td> <td>10,000</td> </tr> <tr> <td>4</td> <td>LED/ESR</td> <td>20,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> <tr> <td colspan="3">B KIMIA KLINIK</td> </tr> <tr> <td>1</td> <td>Glukosa darah sewaktu</td> <td>24,000</td> </tr> <tr> <td>2</td> <td>Glukosa darah puasa</td> <td>24,000</td> </tr> <tr> <td>3</td> <td>Glukosa darah 2 jam PP</td> <td>24,000</td> </tr> <tr> <td>4</td> <td>Glukosa darah stick</td> <td>24,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> <tr> <td colspan="3">C URINALISIS</td> </tr> <tr> <td>1</td> <td>Urine Lengkap (kimia urine & sedimen urine)</td> <td>42,000</td> </tr> <tr> <td>2</td> <td>Urine Rutin Stick</td> <td>20,000</td> </tr> <tr> <td>3</td> <td>Protein Esbach</td> <td>15,000</td> </tr> <tr> <td>4</td> <td>Total Protein</td> <td>24,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> <tr> <td colspan="3">D FECES</td> </tr> <tr> <td>1</td> <td>Feces rutin</td> <td>35,000</td> </tr> <tr> <td>2</td> <td>Pemeriksaan Darah Samar (FOB test)</td> <td>65,000</td> </tr> <tr> <td colspan="3">E IMMUNO-SEROLOGI</td> </tr> <tr> <td>1</td> <td>Anti HAV kualitatif</td> <td>100,000</td> </tr> <tr> <td>2</td> <td>IgM Anti HAV</td> <td>150,000</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | A HEMATOLOGI | | | 1 | Sampling | 10,000 | 2 | Hematology analyzer | 84,000 | 3 | Hemoglobin | 10,000 | 4 | LED/ESR | 20,000 | 5 | Dst... | ... | B KIMIA KLINIK | | | 1 | Glukosa darah sewaktu | 24,000 | 2 | Glukosa darah puasa | 24,000 | 3 | Glukosa darah 2 jam PP | 24,000 | 4 | Glukosa darah stick | 24,000 | 5 | Dst... | ... | C URINALISIS | | | 1 | Urine Lengkap (kimia urine & sedimen urine) | 42,000 | 2 | Urine Rutin Stick | 20,000 | 3 | Protein Esbach | 15,000 | 4 | Total Protein | 24,000 | 5 | Dst... | ... | D FECES | | | 1 | Feces rutin | 35,000 | 2 | Pemeriksaan Darah Samar (FOB test) | 65,000 | E IMMUNO-SEROLOGI | | | 1 | Anti HAV kualitatif | 100,000 | 2 | IgM Anti HAV | 150,000 | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A HEMATOLOGI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Sampling | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Hematology analyzer | 84,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Hemoglobin | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | LED/ESR | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B KIMIA KLINIK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Glukosa darah sewaktu | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Glukosa darah puasa | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Glukosa darah 2 jam PP | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Glukosa darah stick | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C URINALISIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Urine Lengkap (kimia urine & sedimen urine) | 42,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Urine Rutin Stick | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Protein Esbach | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Total Protein | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D FECES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Feces rutin | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Pemeriksaan Darah Samar (FOB test) | 65,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E IMMUNO-SEROLOGI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Anti HAV kualitatif | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | IgM Anti HAV | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A HEMATOLOGI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Sampling | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Hematology analyzer | 84,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Hemoglobin | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | LED/ESR | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B KIMIA KLINIK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Glukosa darah sewaktu | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Glukosa darah puasa | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Glukosa darah 2 jam PP | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Glukosa darah stick | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C URINALISIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Urine Lengkap (kimia urine & sedimen urine) | 42,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Urine Rutin Stick | 20,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Protein Esbach | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Total Protein | 24,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D FECES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Feces rutin | 35,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Pemeriksaan Darah Samar (FOB test) | 65,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E IMMUNO-SEROLOGI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Anti HAV kualitatif | 100,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | IgM Anti HAV | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | | Rekomendasi | | Keterangan | | |
|-----|----------------|-------------------------|---|-------------|-------------------------|---|---------|--|
| | | 3 | Anti HAV total | 170,000 | 3 | Anti HAV total | 170,000 | |
| | | 4 | HBsAg kualitatif | 45,000 | 4 | HBsAg kualitatif | 45,000 | |
| | | 5 | Dst... | ... | 5 | Dst... | ... | |
| | | F TUMOR MARKER | | | F TUMOR MARKER | | | |
| | | 1 | AFP | 175,000 | 1 | AFP | 175,000 | |
| | | 2 | Beta-HCG | 170,000 | 2 | Beta-HCG | 170,000 | |
| | | 3 | Ca-125 | 350,000 | 3 | Ca-125 | 350,000 | |
| | | 4 | Ca-19.9 | 350,000 | 4 | Ca-19.9 | 350,000 | |
| | | 5 | Dst... | ... | 5 | Dst... | ... | |
| | | G CAIRAN TUBUH | | | G CAIRAN TUBUH | | | |
| | | 1 | Analisa Sperma (semen) | 175,000 | 1 | Analisa Sperma (semen) | 175,000 | |
| | | 2 | Analisa Cairan Pleura | 325,000 | 2 | Analisa Cairan Pleura | 325,000 | |
| | | 3 | Analisa Cairan Ascites | 325,000 | 3 | Analisa Cairan Ascites | 325,000 | |
| | | 4 | Analisa Cairan Otak (LCS) | 290,000 | 4 | Analisa Cairan Otak (LCS) | 290,000 | |
| | | 5 | Analisa Cairan sendi | 290,000 | 5 | Analisa Cairan sendi | 290,000 | |
| | | H MIKROBIOLOGI | | | H MIKROBIOLOGI | | | |
| | | 1 | Pewarnaan gram | 24,000 | 1 | Pewarnaan gram | 24,000 | |
| | | 2 | Pewarnaan jamur (KOH) | 24,000 | 2 | Pewarnaan jamur (KOH) | 24,000 | |
| | | 3 | Pewarnaan BTA (per slide) | 15,000 | 3 | Pewarnaan BTA (per slide) | 15,000 | |
| | | 4 | Pewarnaan BTA hansen | 20,000 | 4 | Pewarnaan BTA hansen | 20,000 | |
| | | 5 | Dst... | ... | 5 | Dst... | ... | |
| | | I PARATOSITOLOGI | | | I PARATOSITOLOGI | | | |
| | | 1 | Malaria mikroskopik | 25,000 | 1 | Malaria mikroskopik | 25,000 | |
| | | 2 | Filaria (mikrofilaria) | 25,000 | 2 | Filaria (mikrofilaria) | 25,000 | |
| | | J KONSULTASI | | 25,000 | J KONSULTASI | | 25,000 | |
| | | PELAYANAN T H T | | | PELAYANAN T H T | | | |
| | | NO | JENIS PELAYANAN | TARIF | NO | JENIS PELAYANAN | TARIF | |
| | | 1 | Ekstraksi Serum / Oor Spooling | 43,000 | 1 | Ekstraksi Serum / Oor Spooling | 43,000 | |
| | | 2 | -Parasintesis | 80,000 | 2 | -Parasintesis | 80,000 | |
| | | | -Ekstraksi Kolesteatosis | 55,000 | | -Ekstraksi Kolesteatosis | 55,000 | |
| | | 3 | Insisi Abses | 140,000 | 3 | Insisi Abses | 140,000 | |
| | | 4 | Ekstraksi Korpus Alienum tanpa penyulit | 74,000 | 4 | Ekstraksi Korpus Alienum tanpa penyulit | 74,000 | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|--|-------------|-----------------|-------|--|--------------------|--|---|--------------------|---------|---|--------------------|---------|---|-----------------------------|---------|---|-----------------------------|--------|---|--------|------|----|-----------------|-------|---|-----------|--------|---|--|--------|---|------------------|--------|---|----------------|---------|---|--------|------|----|-----------------|-------|---|----------------|--|--|-------------|---------|--|------------|-----------|--|-----------|-----------|---|-------------|--|--|-------------|-----------|--|------------|-----------|--|-----------|-----------|---|-----------|--|--|-------------|--------|--|------------|--------|--|-----------|--------|--|----|-----------------|-------|--|--------------------|--|---|--------------------|---------|---|--------------------|---------|---|-----------------------------|---------|---|-----------------------------|--------|---|--------|------|----|-----------------|-------|---|-----------|--------|---|--|--------|---|------------------|--------|---|----------------|---------|---|--------|------|----|-----------------|-------|---|----------------|--|--|-------------|---------|--|------------|-----------|--|-----------|-----------|---|-------------|--|--|-------------|-----------|--|------------|-----------|--|-----------|-----------|---|-----------|--|--|-------------|--------|--|------------|--------|--|-----------|--------|--|
| | | 5 Dst... .. | 5 Dst... .. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p style="text-align: center;">PELAYANAN POLI PENYAKIT DALAM</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td></td> <td>KAKI DIABET</td> <td></td> </tr> <tr> <td>1</td> <td>Insisi abses kecil</td> <td>130,000</td> </tr> <tr> <td>2</td> <td>Insisi abses besar</td> <td>160,000</td> </tr> <tr> <td>3</td> <td>Nail ekstraksi (cabut kuku)</td> <td>150,000</td> </tr> <tr> <td>4</td> <td>Jahit luka luar per jahitan</td> <td>15,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>....</td> </tr> </tbody> </table> <p style="text-align: center;">PELAYANAN POLIKLINIK ANAK</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Nebulizer</td> <td>45,000</td> </tr> <tr> <td>2</td> <td>Perawatan tali pusat/tindik/pemberian obat supositoria</td> <td>22,000</td> </tr> <tr> <td>3</td> <td>infus tali pusat</td> <td>22,000</td> </tr> <tr> <td>4</td> <td>Inkubator/hari</td> <td>150,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>....</td> </tr> </tbody> </table> <p style="text-align: center;">PELAYANAN ENDOSCOPY</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Endoskopi SCBA</td> <td></td> </tr> <tr> <td></td> <td>a.Kelas III</td> <td>999,000</td> </tr> <tr> <td></td> <td>b.Kelas II</td> <td>1,143,500</td> </tr> <tr> <td></td> <td>c.Kelas I</td> <td>1,240,000</td> </tr> <tr> <td>2</td> <td>Kolonoscopy</td> <td></td> </tr> <tr> <td></td> <td>a.Kelas III</td> <td>1,384,500</td> </tr> <tr> <td></td> <td>b.Kelas II</td> <td>1,480,500</td> </tr> <tr> <td></td> <td>c.Kelas I</td> <td>1,577,000</td> </tr> <tr> <td>3</td> <td>Fibroscan</td> <td></td> </tr> <tr> <td></td> <td>a.Kelas III</td> <td>421500</td> </tr> <tr> <td></td> <td>b.Kelas II</td> <td>710500</td> </tr> <tr> <td></td> <td>c.Kelas I</td> <td>855000</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | | KAKI DIABET | | 1 | Insisi abses kecil | 130,000 | 2 | Insisi abses besar | 160,000 | 3 | Nail ekstraksi (cabut kuku) | 150,000 | 4 | Jahit luka luar per jahitan | 15,000 | 5 | Dst... | | NO | JENIS PELAYANAN | TARIF | 1 | Nebulizer | 45,000 | 2 | Perawatan tali pusat/tindik/pemberian obat supositoria | 22,000 | 3 | infus tali pusat | 22,000 | 4 | Inkubator/hari | 150,000 | 5 | Dst... | | NO | JENIS PELAYANAN | TARIF | 1 | Endoskopi SCBA | | | a.Kelas III | 999,000 | | b.Kelas II | 1,143,500 | | c.Kelas I | 1,240,000 | 2 | Kolonoscopy | | | a.Kelas III | 1,384,500 | | b.Kelas II | 1,480,500 | | c.Kelas I | 1,577,000 | 3 | Fibroscan | | | a.Kelas III | 421500 | | b.Kelas II | 710500 | | c.Kelas I | 855000 | <p style="text-align: center;">PELAYANAN POLI PENYAKIT DALAM</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td></td> <td>KAKI DIABET</td> <td></td> </tr> <tr> <td>1</td> <td>Insisi abses kecil</td> <td>130,000</td> </tr> <tr> <td>2</td> <td>Insisi abses besar</td> <td>160,000</td> </tr> <tr> <td>3</td> <td>Nail ekstraksi (cabut kuku)</td> <td>150,000</td> </tr> <tr> <td>4</td> <td>Jahit luka luar per jahitan</td> <td>15,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>....</td> </tr> </tbody> </table> <p style="text-align: center;">PELAYANAN POLIKLINIK ANAK</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Nebulizer</td> <td>45,000</td> </tr> <tr> <td>2</td> <td>Perawatan tali pusat/tindik/pemberian obat supositoria</td> <td>22,000</td> </tr> <tr> <td>3</td> <td>infus tali pusat</td> <td>22,000</td> </tr> <tr> <td>4</td> <td>Inkubator/hari</td> <td>150,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>....</td> </tr> </tbody> </table> <p style="text-align: center;">PELAYANAN ENDOSCOPY</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> 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Perawatan tali pusat/tindik/pemberian obat supositoria | 22,000 | 3 | infus tali pusat | 22,000 | 4 | Inkubator/hari | 150,000 | 5 | Dst... | | NO | JENIS PELAYANAN | TARIF | 1 | Endoskopi SCBA | | | a.Kelas III | 999,000 | | b.Kelas II | 1,143,500 | | c.Kelas I | 1,240,000 | 2 | Kolonoscopy | | | a.Kelas III | 1,384,500 | | b.Kelas II | 1,480,500 | | c.Kelas I | 1,577,000 | 3 | Fibroscan | | | a.Kelas III | 421500 | | b.Kelas II | 710500 | | c.Kelas I | 855000 | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | KAKI DIABET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Insisi abses kecil | 130,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Insisi abses besar | 160,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Nail ekstraksi (cabut kuku) | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Jahit luka luar per jahitan | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Nebulizer | 45,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Perawatan tali pusat/tindik/pemberian obat supositoria | 22,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | infus tali pusat | 22,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Inkubator/hari | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Endoskopi SCBA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Kelas III | 999,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.Kelas II | 1,143,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c.Kelas I | 1,240,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Kolonoscopy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Kelas III | 1,384,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.Kelas II | 1,480,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c.Kelas I | 1,577,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Fibroscan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Kelas III | 421500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | KAKI DIABET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Insisi abses kecil | 130,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Insisi abses besar | 160,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Nail ekstraksi (cabut kuku) | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Jahit luka luar per jahitan | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Nebulizer | 45,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Perawatan tali pusat/tindik/pemberian obat supositoria | 22,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | infus tali pusat | 22,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Inkubator/hari | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Endoskopi SCBA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Kelas III | 999,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.Kelas II | 1,143,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c.Kelas I | 1,240,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Kolonoscopy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Kelas III | 1,384,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.Kelas II | 1,480,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c.Kelas I | 1,577,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Fibroscan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a.Kelas III | 421500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b.Kelas II | 710500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c.Kelas I | 855000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan |
|-----|----------------|--|-------------|-------------|
| | | - - Profesi | 200,000 | |
| | | - - S2/PPDS 1 & sederajat | 225,000 | 4 |
| | | - - Mahasiswa asing | 1,750,000 | |
| | | - - - | - | |
| | | - 4 praktik klinik/mahasiswa Kedokteran (orang/bulan) | - | |
| | | - - profesi/dokter | 150,000 | 5 |
| | | - - PPDS 1/Residen | 180,000 | |
| | | - - Mahasiswa asing | 225,000 | |
| | | - - - | - | |
| | | - 5 Dst... | - | |
| | | - - Dst... | ... | |
| | | - - Dst... | ... | |
| | | - - Dst... | ... | |
| | | - - - | - | |
| | | - B Studi banding | - | B (dihapus) |
| | | - 7 Studi banding/pembelajaran (orang /hari) | - | 7 |
| | | - - Siswa | 70,000 | |
| | | - - Mahasiswa | 100,000 | |
| | | - - Karyawan/umum | 350,000 | C (dihapus) |
| | | - - - | - | 8 |
| | | - C Peningkatan keterampilan/orientasi Mahasiswa | - | |
| | | - 8 Peningkatan keterampilan pra praktik | - | |
| | | - - SLTA/sederajat | 55,000 | |
| | | - - D I - D III/ Sederajat | 75,000 | 9 |
| | | - - D IV - S1/ Sederajat | 90,000 | |
| | | - - Profesi | 110,000 | |
| | | - - Mahasiswa asing | 1,750,000 | |
| | | - - - | - | |
| | | - 9 Orientasi mahasiswa | - | |
| | | - - SLTA/sederajat | 55,000 | |
| | | - - D I - D III/ Sederajat | 75,000 | D (dihapus) |
| | | - - D IV - S1/ Sederajat | 90,000 | 10 |
| | | - - Pfofesi | 110,000 | |
| | | - - Mahasiswa-asing | 1,750,000 | |
| | | - - - | - | |

Pelayanan pendidikan, praktik klinik, praktik kerja lapangan, magang, studi banding, peningkatan ketrampilan, orientasi, penelitian pendidikan, dokumentasi dan kerjasama instansi tidak termasuk pelayanan kesehatan sehingga tidak dapat dikenakan retribusi pelayanan kesehatan.

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|---|---|-------|---|------------|---------|---|-------------|--------|----|-----------------|-------|---|--|---------|---|--------------------------|---------|---|---|-----------|---|-------------------------------|---------|---|--------|-----|--|----|-----------------|-------|---|-----------|--|---|-----------|--|----|-----------------|-------|---|--|---------|---|--------------------------|---------|---|---|-----------|---|-------------------------------|---------|---|--------|-----|--|
| | | <p style="text-align: center;">TARIF PELAYANAN PEMBUATAN KLAIM ASURANSI</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Rawat inap</td> <td>150,000</td> </tr> <tr> <td>2</td> <td>Rawat jalan</td> <td>75,000</td> </tr> </tbody> </table> <p style="text-align: center;">PELAYANAN HEMODIALISA</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>HD dengan dialiser baru atau tanpa reuse</td> <td>959,000</td> </tr> <tr> <td>2</td> <td>HD dengan dialiser reuse</td> <td>705,000</td> </tr> <tr> <td>3</td> <td>HD CITO dengan dialiser baru atau tanpa reuse</td> <td>1,246,000</td> </tr> <tr> <td>4</td> <td>HD CITO dengan dialiser reuse</td> <td>916,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | Rawat inap | 150,000 | 2 | Rawat jalan | 75,000 | NO | JENIS PELAYANAN | TARIF | 1 | HD dengan dialiser baru atau tanpa reuse | 959,000 | 2 | HD dengan dialiser reuse | 705,000 | 3 | HD CITO dengan dialiser baru atau tanpa reuse | 1,246,000 | 4 | HD CITO dengan dialiser reuse | 916,000 | 5 | Dst... | ... | <p style="text-align: center;">(dihapus)</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>(dihapus)</td> <td></td> </tr> <tr> <td>2</td> <td>(dihapus)</td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">PELAYANAN HEMODIALISA</p> <table border="1"> <thead> <tr> <th>NO</th> <th>JENIS PELAYANAN</th> <th>TARIF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>HD dengan dialiser baru atau tanpa reuse</td> <td>959,000</td> </tr> <tr> <td>2</td> <td>HD dengan dialiser reuse</td> <td>705,000</td> </tr> <tr> <td>3</td> <td>HD CITO dengan dialiser baru atau tanpa reuse</td> <td>1,246,000</td> </tr> <tr> <td>4</td> <td>HD CITO dengan dialiser reuse</td> <td>916,000</td> </tr> <tr> <td>5</td> <td>Dst...</td> <td>...</td> </tr> </tbody> </table> | NO | JENIS PELAYANAN | TARIF | 1 | (dihapus) | | 2 | (dihapus) | | NO | JENIS PELAYANAN | TARIF | 1 | HD dengan dialiser baru atau tanpa reuse | 959,000 | 2 | HD dengan dialiser reuse | 705,000 | 3 | HD CITO dengan dialiser baru atau tanpa reuse | 1,246,000 | 4 | HD CITO dengan dialiser reuse | 916,000 | 5 | Dst... | ... | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rawat inap | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rawat jalan | 75,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | HD dengan dialiser baru atau tanpa reuse | 959,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | HD dengan dialiser reuse | 705,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | HD CITO dengan dialiser baru atau tanpa reuse | 1,246,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | HD CITO dengan dialiser reuse | 916,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | (dihapus) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | (dihapus) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | JENIS PELAYANAN | TARIF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | HD dengan dialiser baru atau tanpa reuse | 959,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | HD dengan dialiser reuse | 705,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | HD CITO dengan dialiser baru atau tanpa reuse | 1,246,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | HD CITO dengan dialiser reuse | 916,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Dst... | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Wilayah Pemungutan | <p style="text-align: center;">Pasal 9</p> <p>Pemungutan retribusi adalah wilayah Kota Banjarmasin.</p> | <p style="text-align: center;">Pasal 9</p> <p>Retribusi Pelayanan Kesehatan dipungut di wilayah Kota Banjarmasin</p> | <p><i>Legal drafting</i> disesuaikan dengan UU Nomor 28 Tahun 2009.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Penentuan Pembayaran, Tempat Pembayaran, Angsuran, dan Penundaan Pembayaran | <p style="text-align: center;">Pasal 10</p> <p>(1) Pemungutan dilaksanakan oleh petugas Dinas Kesehatan atau instansi Pemerintah lainnya yang ditunjuk oleh Walikota.</p> <p>(2) Hasil pemungutan Retribusi Pelayanan Kesehatan diterima oleh Bendaharawan Pembantu Khusus Penerima di Unit Pelayanan Teknis Daerah atau Bendaharawan Khusus Penerima di Dinas Kesehatan.</p> <p>(3) Hasil pungutan retribusi yang besarnya sebagaimana dicantumkan dalam lampiran yang tidak terpisahkan dalam Peraturan Daerah ini, semuanya disetorkan ke Kas Daerah sebagai Pendapatan Daerah.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p style="text-align: center;">Pasal 11</p> <p>Pengembalian retribusi yang berasal dari komponen jasa pelayanan kepada Dinas Kesehatan akan diatur dalam Peraturan Walikota.</p> | <p style="text-align: center;">Pasal 11</p> <p>(1) Pemanfaatan dari penerimaan masing-masing jenis retribusi diutamakan untuk mendanai kegiatan yang berkaitan langsung dengan penyelenggaraan pelayanan yang bersangkutan.</p> <p>(2) Ketentuan mengenai alokasi pemanfaatan penerimaan retribusi sebagaimana dimaksud pada ayat (1) ditetapkan dengan Peraturan Walikota.</p> | Disesuaikan dengan ketentuan mengenai Pemanfaatan dalam Pasal 161 UU No. 28 Tahun 2009. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan |
|-----|-----------------------------|--|---|---|
| | | <p>Pasal 12</p> <p>(1) Pemungutan retribusi tidak dapat diborongkan. (2) Retribusi dipungut dengan menggunakan SKRD atau dokumen lain yang dipersamakan. (3) Setiap pelunasan pembayaran pungutan menurut Peraturan Daerah ini, diberikan bukti pembayaran kepada yang bersangkutan. (4) Bukti penerimaan pembayaran sebagaimana dimaksud ayat (3), dikeluarkan oleh Badan Keuangan Daerah.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| 10. | Sanksi: a. Administratif | <p>Pasal 13</p> <p>Dalam hal Wajib Retribusi tidak membayar tepat pada waktunya atau kurang membayar, dikenakan sanksi administrasi berupa bunga 2% (dua persen) setiap bulan dari retribusi yang terutang atau kurang dibayar dan ditagih dengan menggunakan STRD.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| | b. Pidana | <p>Pasal 20</p> <p>(1) Wajib Retribusi yang tidak melakukan kewajibannya sehingga merugikan keuangan Daerah diancam pidana kurungan paling lama 3 (tiga) bulan atau pidana denda paling banyak 3 (tiga) kali jumlah retribusi terutang yang tidak atau kurang bayar. (2) Tindak pidana sebagaimana dimaksud pada ayat (1) adalah pelanggaran. (3) Denda sebagaimana dimaksud pada ayat (1) merupakan penerimaan Negara.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| 11. | Penagihan | <p>Pasal 14</p> <p>(1) Retribusi terutang berdasarkan SKRD atau dokumen lain yang dipersamakan, SKRD, dan Surat Keputusan keberatan yang mewajibkan jumlah retribusi yang harus dibayar bertambah, yang tidak atau kurang dibayar oleh Wajib Retribusi dapat ditagih melalui Badan Direktorat Jenderal kekayaan negara (DKJN). (2) Penagihan retribusi melalui DKJN dilaksanakan berdasarkan Peraturan Perundang-undangan yang berlaku.</p> | <p>Pasal 14</p> <p>(1) Penagihan retribusi yang terutang menggunakan STRD dan didahului dengan surat teguran atau surat peringatan atau surat lain yang sejenis. (2) Surat teguran atau surat peringatan atau surat lain yang sejenis sebagai awal tindakan pelaksanaan penagihan retribusi diterbitkan 7 (tujuh) hari sejak saat jatuh tempo pembayaran. (3) Dalam jangka waktu 7 (tujuh) hari setelah tanggal surat teguran atau surat peringatan atau surat lain yang sejenis disampaikan, wajib retribusi harus melunasi retribusi yang terutang. (4) Surat teguran, surat peringatan atau surat lain yang sejenis sebagaimana dimaksud pada ayat (1), diterbitkan oleh Walikota atau pejabat yang</p> | Disesuaikan dengan UU No. 28 Tahun 2009. |

| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan |
|-----|--|---|---|---|
| | | | ditunjuk. (5) Ketentuan lebih lanjut mengenai tata cara penagihan diatur dalam Peraturan Walikota. | |
| 12. | Penghapusan Piutang Retribusi yang Kedaluwarsa | <p style="text-align: center;">Pasal 15</p> <p>(1) Hak untuk melakukan penagihan Retribusi kedaluwarsa setelah melampaui 3 (tiga) tahun dihitung sejak saat terutangnya Retribusi, kecuali apabila Wajib Retribusi melakukan tindak pidana di bidang Retribusi.</p> <p>(2) Kadaluwarsa penagihan sebagaimana dimaksud pada ayat (1) tertangguh jika :</p> <p style="margin-left: 20px;">a. diterbitkan Surat Teguran; atau</p> <p style="margin-left: 20px;">b. ada pengakuan utang Retribusi dari Wajib Retribusi baik langsung maupun tidak langsung.</p> <p>(3) Dalam hal diterbitkannya Surat Teguran sebagaimana dimaksud pada ayat (2) huruf a, kadaluwarsa penagihan dihitung sejak tanggal diterimanya Surat Teguran tersebut.</p> <p>(4) Pengakuan utang Retribusi secara langsung sebagaimana dimaksud pada ayat (2) huruf b, adalah Wajib Retribusi dengan kesadarannya menyatakan masih mempunyai utang Retribusi dan belum melunasinya kepada Pemerintah Daerah.</p> <p>(5) Pengakuan utang Retribusi secara tidak langsung sebagaimana dimaksud pada ayat (2) huruf b dapat diketahui dari pengajuan permohonan angsuran atau penundaan pembayaran dan permohonan keberatan oleh Wajib Retribusi.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| | | <p style="text-align: center;">Pasal 16</p> <p>(1) Piutang Retribusi yang tidak mungkin ditagih lagi karena hak untuk melakukan penagihan sudah kadaluwarsa dapat dihapuskan.</p> <p>(2) Walikota menetapkan Keputusan Penghapusan Piutang Retribusi yang sudah kadaluwarsa sebagaimana dimaksud pada ayat (1).</p> <p>(3) Tata cara penghapusan Piutang Retribusi yang sudah kadaluwarsa diatur dengan Peraturan Walikota.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| 13. | Tanggal Mulai Berlakunya. | <p style="text-align: center;">Pasal 21</p> <p>Dengan berlakunya Peraturan Daerah ini, maka Peraturan Daerah Kota Banjarmasin Nomor 16 Tahun 2011 tentang Retribusi Pelayanan Kesehatan</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |

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| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan |
|-----|----------------|---|-------------|---|
| | | (Lembaran Daerah Kota Banjarmasin Tahun 2011 Nomor 16) dinyatakan dicabut dan tidak berlaku lagi. | | |
| | | <p style="text-align: center;">Pasal 22</p> <p>Peraturan Daerah ini mulai berlaku pada tanggal diundangkan.</p> <p>Agar setiap orang mengetahuinya, memerintahkan pengundangan Peraturan Daerah ini dengan penempatannya dalam Lembaran Daerah Kota Banjarmasin.</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |
| 14. | Lain-lain | <p style="text-align: center;">BAB XIV KERINGANAN DAN PEMBEBASAN RETRIBUSI Pasal 17</p> <p>(1) Keringanan dan pembebasan sebagian dan/atau seluruh tarif Pelayanan Kesehatan berlaku bagi:</p> <ol style="list-style-type: none"> a. Pasien masyarakat miskin yang belum memiliki jaminan kesehatan; b. penderita penyakit menular yang termasuk kategori wabah atau penderita yang menjadi sasaran pemberantasan penyakit (TB Paru, HIV/AIDS, DBD, Kusta, Filariasis) dan korban Kejadian Luar Biasa serta penanggulangan Kejadian Luar Biasa; c. peserta KB program jangka panjang meliputi pemasangan IUD dan pemasangan implant; d. peserta pos pelayanan terpadu penyakit tidak menular dan pemeriksaan IVA bagi wanita usia subur; e. masyarakat yang ditimpa bencana alam, sosial, penyakit, korban kekerasan dalam rumah tangga dan atau kerusakan atau kondisi lain yang ditetapkan oleh Walikota. f. anak sekolah hingga jenjang SLTA dengan menunjukkan surat keterangan dari sekolah; g. pasien dengan disabilitas; h. para veteran, pejuang kemerdekaan Republik Indonesia, janda atau anak yatim piatu pahlawan dengan menunjukkan identitas dari instansi resmi; dan i. gelandangan, anak terlantar dan penghuni panti sosial. <p>(2) Tata cara pemberian Keringanan dan pembebasan Retribusi</p> | - | Telah sesuai dengan UU No. 28 Tahun 2009. |

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| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan |
|-----|----------------|---|---|---|
| | | <p>sebagaimana dimaksud pada ayat (1) diatur dalam Peraturan Walikota sesuai dengan peraturan perundang-undangan yang berlaku.</p> | | |
| | | <p style="text-align: center;">BAB XV INSENTIF PEMUNGUTAN Pasal 18</p> <p>(1) Instansi yang melaksanakan pemungutan Pajak dan Retribusi dapat diberi insentif atas dasar pencapaian kinerja tertentu.</p> <p>(2) Pemberian insentif sebagaimana dimaksud pada ayat (1) ditetapkan melalui Anggaran Pendapatan dan Belanja Daerah.</p> <p>(3) Tata cara pemberian dan pemanfaatan insentif sebagaimana dimaksud pada ayat (1) diatur oleh Walikota sesuai dengan Peraturan perundang-undangan yang berlaku.</p> | - | <p>Telah sesuai dengan UU No. 28 Tahun 2009.</p> |
| | | <p style="text-align: center;">BAB XVI KETENTUAN PENYIDIKAN Pasal 19</p> <p>(1) Penyidik Pegawai Negeri Sipil tertentu di lingkungan Pemerintah Daerah diberikan wewenang khusus sebagai Penyidik untuk melakukan penyidikan tindak pidana Retribusi sebagaimana dimaksud dalam Kitab Undang-Undang Hukum Acara Pidana yang berlaku.</p> <p>(2) Wewenang Penyidik sebagaimana dimaksud dalam ayat (1) adalah :</p> <ol style="list-style-type: none"> a. menerima, mencari, mengumpulkan, dan meneliti keterangan atau laporan berkenaan dengan Retribusi agar keterangan atau laporan tersebut menjadi lebih lengkap dan jelas; b. meneliti, mencari, dan mengumpulkan keterangan mengenai orang pribadi atau badan tentang kebenaran perbuatan yang dilakukan sehubungan dengan tindak pidana Retribusi; c. meminta keterangan dan bahan bukti dari orang pribadi atau badan sehubungan dengan tindak pidana Retribusi; d. memeriksa buku-buku, catatan-catatan, dan dokumen-dokumen lain berkenaan dengan tindak pidana Retribusi; e. melakukan pengeledahan untuk mendapatkan bahan bukti pembukuan, pencatatan, dan dokumen-dokumen lain, serta | <p style="text-align: center;">BAB XVI KETENTUAN PENYIDIKAN Pasal 19</p> <p>(1) Penyidik Pegawai Negeri Sipil tertentu di lingkungan Pemerintah Daerah diberikan wewenang khusus sebagai Penyidik untuk melakukan penyidikan tindak pidana Retribusi sebagaimana dimaksud dalam Kitab Undang-Undang Hukum Acara Pidana yang berlaku.</p> <p>(2) Wewenang Penyidik sebagaimana dimaksud dalam ayat (1) adalah :</p> <ol style="list-style-type: none"> a. menerima, mencari, mengumpulkan, dan meneliti keterangan atau laporan berkenaan dengan Retribusi agar keterangan atau laporan tersebut menjadi lebih lengkap dan jelas; b. meneliti, mencari, dan mengumpulkan keterangan mengenai orang pribadi atau badan tentang kebenaran perbuatan yang dilakukan sehubungan dengan tindak pidana Retribusi; c. meminta keterangan dan bahan bukti dari orang pribadi atau badan sehubungan dengan tindak pidana Retribusi; d. memeriksa buku-buku, catatan-catatan, dan dokumen-dokumen lain berkenaan dengan tindak pidana Retribusi; e. melakukan pengeledahan untuk mendapatkan bahan bukti pembukuan, pencatatan, dan dokumen-dokumen lain, serta | <p>Disesuaikan dengan ketentuan mengenai penyidikan dalam Pasal 173 UU No. 28 Tahun 2009.</p> |

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| No. | Materi Raperda | Rumusan Raperda | Rekomendasi | Keterangan |
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| | | <p>melakukan penyitaan terhadap bahan bukti tersebut;</p> <p>(3) Penyidik sebagaimana dimaksud dalam ayat (1) dalam melaksanakan penyidikan disertai surat perintah penyidikan oleh pejabat yang berwenang dan memberitahukan dimulainya penyelidikan kepada Kepala Dinas Kesehatan dan menyampaikan hasil penyidikan, selanjutnya disampaikan kepada Walikota atau pejabat yang berwenang sesuai dengan peraturan Perundang-undangan yang berlaku.</p> | <p>melakukan penyitaan terhadap bahan bukti tersebut;</p> <p>(3) Penyidik sebagaimana dimaksud pada ayat (1) memberitahukan dimulainya penyidikan dan menyampaikan hasil penyidikannya kepada Penuntut Umum melalui Penyidik pejabat Polisi Negara Republik Indonesia, sesuai dengan ketentuan yang diatur dalam Undang-Undang Hukum Acara Pidana.</p> | |
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Jakarta, 28 Agustus 2019

a.n. Direktur Jenderal Perimbangan Keuangan,
Direktur Pendapatan dan Kapasitas
Keuangan Daerah,



Ria

Ria Sartika Azahari