



نموذج طلب الشخصية

التاريخ	5-Mar-22
رقم الموظف	1004
اسم الموظف	رونالدو لاسيستي
الفرع	Majdoul Tower
الموضوع	Request to refund hospital expenses due to insurance expired

Due to my insurance still expired, I have to pay cash my visit in the emergency hospital yesterday, kindly requesting you refund my expenses with the amount of **315 SR** as per the attached invoice.

Thank your hoping for your consideration.

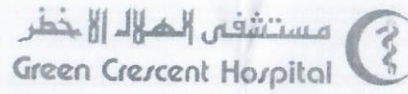
رونالدو لاسيستي

رونالدو لاسيستي

الاسم

التوقيع

20,Abd. Malik Bin Marwan
Post Box - 3096
Riyadh - 11471



VAT # 300049291800003

Medisys ID# R95502

Payor/Sponsor Invoice

04-MAR-22 08:30 AM

CLINIC PATIENT (OPD) - CASH RECEIPT

PATIENT NO: 55290539 ABDULAZIZ RONWALDO LACISTE
BADGE NO:
PAYOR NO: 1
SPONSOR NO: 1 OSP
OP-EPISODE NO: 25 Event No 32 Visit Date 04/03/2022

BILL DATE : 04-03-2022
BILL NO : 0032201107

MEMBER CLASS : CASH

Doctor Name : 2923 MARIAM IBRAHIM ALI ELMI

Serv No	Description	Unit Price	Qty	Gross	Net Value	Pat. Paid	VAT
OUTPATIENT (003)							
003-130-135020	BLOOD SUGAR TEST / HYPO-COUNT	36.00	1	36.00	36.00	36.00	5.40
003-090-090001	EMERGENCY ROOM CHARG.	100.00	1	100.00	100.00	100.00	15.00
003-001-000001	CONSULTATION - NEW VISIT	50.00	1	50.00	50.00	50.00	7.50
003-006-096101	I.V. CANNULA ANY SIZE	12.00	1	12.00	12.00	12.00	1.80
003-006-096170	IV FLUID SET	24.00	1	24.00	24.00	24.00	3.60
		222.00		222.00	222.00	222.00	33.30
PHARMACY (008)							
008-001-507224	DEXT/SOD.CHOLRIDE(R) IV/IP BOTTLE 500ml	60.00	1	60.00	60.00	60.00	
		60.00		60.00	60.00	60.00	
		282.00		282.00	282.00	282.00	33.30

(ATM / Credit Card Amt =315.3 Auth No=000825)

Amount Including VAT 315.30

Patient Name and Sign.

ABDULAZIZ RONWALDO LACISTE

N.O.K Sponsor

OSP

Cashier

EMERLYN ETCUBANAS

