



S.S. HOSPITAL & RESEARCH CENTRE

76, VIKRAM MARG, NEAR SHAHEED PARK, UJJAIN

PH. No. 0734-2515056, 2514675, 2520141, email : sshospital@rediffmail.com

I.P. No.	CSH-A 044378	R.No.	715
PATIENT'S NAME :- <u>Nirmala Chaurasya</u>			
ADDRESS :- <u>27/2 Khatiwada Gopal Mandir ke Piche, Ujjain</u>			
S.No.	PARTICULAR	Rs.	Ps.
1.	GENERAL WARD / SEMI SPECIAL BED CHARGE		
2.	DELUX / SPECIAL ROOM CHARGE		
3.	OPERATION THEATRE CHARGE		
4.	LABOUR ROOM CHARGE		
5.	ASST. CHARGE		
6.	DRESSING CHARGE		
7.	LABORATORY CHARGE <u>1200</u>	660	
8.	X-RAY CHARGE		
9.	REGISTRATION FEE	200	
10.	I.C.U. / N.I.C.U. / P.I.C.U. CHARGE <u>Private Room 100 Bed charges</u>	17500	
11.	NURSING CHARGE	3000	
12.	SONOGRAPHY / E.C.G. / ECHO CHARGES		
13.	I.V. BLOOD / CATHETER / C. SCOPE / ARBU	2500	
14.	C-ARM IMAGING / LAPROSCOPE INST.		
15.	OXYGEN / NITRUS / O2 CATHETER / URI. SUGAR <u>(150 + 8000)</u>	8850	
16.	AMBULANCE / POPC / WORK STATION		
17.	OTHERS <u>1000 medical waste</u>	1000	
18.	<u>PPE 100</u>	7500	
19.	<u>Pho Duty Charges</u>	5500	
20.			
21.			
TOTAL AMOUNT		43710	
DOCTORS FEES DETAILS			
1.	<u>Dr. Vikas Uthay</u>	5000	
2.	<u>Dr. S. Gupta</u>	1000	
3.			
4.			
5.			
ADVANCE DETAILS		TOTAL AMOUNT	49710
DATE	AMT.	DATE	AMT.
6/5/24	25000	9/5/24	15000
7/5/24	10000		
8/5/24	15000		
LESS ADVANCE		70000	
NET AMOUNT PAYABLE / REFUND		20290	
Paid by - Card / Cheque No..... Bank Name..... Date.....			
RS. IN FIGURES :			
DATE : <u>10/5/24</u>			

