			Fi	inal Bill Re	ciept	:S				
IPD No	PD No IPD-4			Bill No		REQ/1				
Patient Name RANJITA			Bill Date		13-10-2018					
Room Type ICU			Admission Date & Time		13-10-2018					
Age / Gender 30 / Male			Discharge Date & Time		24-10-2018					
Pharma	cy Detail :									
Drugs Amount 2000			Life saving Medicine			3200				
Bed Cha	rges									
Sr No	Service Name	rvice Name		CGHS Code		ate	Qty	Rate	Amount	
1	GENERAL		(	GEN	C	oct 13 2018 05:58 PM	(	10		10
2	CU		I	CU	C	oct 14 2018 05:58 PM	(	10		10
3	SEMI PRIVATE	SEMI PRIVATE		SP		oct 15 2018 05:59 PM	g	10		90
BloodCo	omponents									
Sr No	Service Name			CGHS Cod	le	Date	Qty	Rate	Amount	
1	1 REMOVAL OF STITCHES			CGHS-8			1	. 10		10
Implants	s									
Sr No	Service Name		CGHS		le	Date	Qty	Rate	Amount	
2	COMPLETE BLOOD COUNT			CGHS-1			1	. 10		10
Investig	ations									
Sr No	Service Name			CGHS Code		Date	Qty	Rate	Amount	
3	3 CHEST PA VIEW			CGHS-6			1	10	1	10
4	CHEST X-RAY			CGHS-5			1	10	1	10
5	X-RAY		FDS FDS			10	10		100	
6	6 X-RAY 7 X-RAY					1	. 10		10	
7				FDS			10	10		100
OT Deta	ils									
Sr No	Service Name	CGHS		S Code Date		е	Qty	Rate	Amount	
1	OT DETAIL-1	T DETAIL-1 C-1		Oct		13 2018 6:02PM	1	100		100
						Total Bill Amount	•			5660

Rupees Five Thousand Six Hundreds Sixty Only