**Bill No**: 10072020-1 **UMR No**: 202002465 **Pt.Name**: Ranjith Singh.B

Contact: 9440350064 Age/Gender: 31/male Consult Dr. Name: DR.SUNIL

Admit Date: 2020-07-07 Dicharge Date: 2020-07-10 Address: Khammam

## FINAL BILL DETAILS

Description	Days	Charge	Amount
DELUXE ROOM A/C BED CHARGES	3	1500.00	4500.00
DELUXE ROOM A/C NURSING CHARGES	3	400.00	1200.00
DELUXE ROOM A/C PROFESSIONAL CHARGES	3	600.00	1800.00

Total Hospital Amount : 7500

## LAB DETAILS

Test Name	Amount
CREATININE	150.00
CREATININE	150.00
CREATININE	150.00
LFT	500.00
CBP	300.00
CBP	300.00
CBP	300.00
USG ABDOMEN	800.00

Total Lab Amount: 2650

Total Hospital Amount: 7500

Total Lab Amount: 5250.00
Total Procedure Lab Amount: 0.00

Total Pharmacy Amount: 0.00

Total Amount(Including of service charges): 12750
Advance Paid Amount: 0

Total Due Amount: 12750
Concession Amount: 0.00

Net Amount: 12750.00
Paid Amount: 0.00
Bal Amount: 12750.00

**Amount in Words:Rupees**