



Modern Multi Speciality Hospital

9 Near Railway Bridge, P.O Pappinissery,
Kannur Dist, Kerala, India, Pin 670 561
📞 0497- 2786331, 2787732, 9072364747
🌐 www.mmhospital.co.in
✉ mmhospital732@gmail.com

DETAIL FINAL BILL

Bill No. :	F-2001280	Bill Date :	18/10/2020 1:22 PM
Patient Name :	Mrs. ANUSRUTHI	REG No. :	OP23479
Husband Name :	W/O SUDHEESH	IPD No. :	IP01570
Mobile No. :	9901621675	Age/Sex :	24 Y/Female
D.O.A. :	12/10/2020 8:03 PM	D.O.D. :	18/10/2020 1:23 PM
Consult. Dr. :	MALEKHA BEEGUM	Category :	GENERAL
Address :	MUNDANOOR, KANNUR, KERALA	Ward/Room/Bed :	Super deluxe room/110/1
Department :	OBST. & GYNAE		



Reg. No.



IPD No.

S.No.	Date	Code	SAC Code	Particulars	Rate x Qty	Amt (Rs.)
GENERAL CHARGES						
1.	12/10/2020			ROOM RENT	2000.00 x 1.00	2000.00
2.	13/10/2020			ROOM RENT	2000.00 x 1.00	2000.00
3.	14/10/2020			ROOM RENT	2000.00 x 1.00	2000.00
4.	15/10/2020			ROOM RENT	2000.00 x 1.00	2000.00
5.	16/10/2020			ROOM RENT	2000.00 x 1.00	2000.00
6.	17/10/2020			ROOM RENT	2000.00 x 1.00	2000.00
7.	18/10/2020			WARMER	100.00 x 1.00	100.00
8.	18/10/2020			ADMISSION CHARGE	100.00 x 1.00	100.00
9.	18/10/2020			BABY CARE CHARGE	350.00 x 1.00	350.00
10.	18/10/2020			BIRTH REGISTRATION CHARGE	200.00 x 1.00	200.00
11.	18/10/2020			LABOUR ROOM & MATERIAL	5000.00 x 1.00	5000.00
12.	18/10/2020			NST CHARGE	500.00 x 1.00	500.00
13.	18/10/2020			NURSING CARE	5000.00 x 1.00	5000.00
14.	18/10/2020			P CARE	350.00 x 1.00	350.00
15.	18/10/2020			PREPARATION CHARGE	350.00 x 1.00	350.00
16.	18/10/2020			PROCEDURE CHARGES	8000.00 x 1.00	8000.00
Total of GENERAL CHARGES :						31950.00

PATHOLOGY		999316				
1.	13/10/2020			BT & CT	40.00 x 1.00	40.00
2.	13/10/2020			PLASMA GLUCOSE	50.00 x 1.00	50.00
3.	13/10/2020			SARS-COVID19	625.00 x 1.00	625.00
4.	14/10/2020			PLATELET COUNT	70.00 x 1.00	70.00
5.	14/10/2020			BLOOD HB	50.00 x 1.00	50.00

PRINT DATE : 18-10-2020 1:23 PM USER NAME : dilina Joshy

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			Total of PATHOLOGY :	835.00
CONSULTATION IPD				
DOCTOR VISIT				
1.	18/10/2020	DR. JAFFER.K	500.00 x 1.00	500.00
			Total of CONSULTATION IPD :	500.00
			Grand Total :	33285.00
			Deposit Amount :	33285.00
			Net Amount Payable :	0.00

Receipt/Refund No.	Date	Time	Amount(Rs.)
CASH RC20057334(Receipt)	18-10-2020	1:22PM	33285.00

Patient's / Attendant's Signature

Invoice Remarks :

dilna joshy
Authorised Signatory

