



Modern Multi Speciality Hospital

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-2001279	Bill Date : 18/10/2020 1:14 PM
Patient Name : B/O ANUSRUTHI	REG No. : OP23696
Father Name : B/O	IPD No. : IP01585
Mobile No. : 9901629675	Age/Sex : 4 D/Male
D.O.A. : 15/10/2020 2:40 AM	D.O.D. : 18/10/2020 1:15 PM
Consult. Dr. : JAFFER.K	Category : GENERAL
Address : MUNDANOOR, KANNUR, KERALA	Ward/Room/Bed : NICU/01/2
Department : PEAD. & NEONATOLOGY	



Reg. No.



IPD No.

S.No.	Date	Code	SAC Code	Particulars	Rate x Qty	Amt (Rs.)
GENERAL CHARGES						
1.	18/10/2020			200	200.00 x 3.00	600.00
2.	18/10/2020			ADMISSION CHARGE	100.00 x 1.00	100.00
3.	18/10/2020			B C G O P V	70.00 x 1.00	70.00
4.	18/10/2020			CANULA FIXACTION	200.00 x 1.00	200.00
5.	18/10/2020			NICU	600.00 x 3.00	1800.00
6.	18/10/2020			NURSING CARE	400.00 x 3.00	1200.00
7.	18/10/2020			OAE	300.00 x 1.00	300.00
Total of GENERAL CHARGES :						4270.00

PATHOLOGY		999316				
1.	15/10/2020			BLOOD GROUP & RH TYPING (ABO-RH)	30.00 x 1.00	30.00
2.	15/10/2020			BLOOD HB	50.00 x 1.00	50.00
3.	15/10/2020			CRP	200.00 x 1.00	200.00
4.	15/10/2020			DIFFERENTIAL COUNT (DC)	30.00 x 1.00	30.00
5.	15/10/2020			SERUM CALCIUM	100.00 x 1.00	100.00
6.	15/10/2020			SERUM CREATININE	80.00 x 1.00	80.00
7.	15/10/2020			TOTAL COUNT (TC)	30.00 x 1.00	30.00
8.	15/10/2020			PLATELET COUNT	70.00 x 1.00	70.00
9.	17/10/2020			SERUM BILIRUBIN	80.00 x 1.00	80.00
10.	18/10/2020			TOTAL COUNT (TC)	30.00 x 1.00	30.00
11.	18/10/2020			DIFFERENTIAL COUNT (DC)	30.00 x 1.00	30.00
Total of PATHOLOGY :						730.00

CONSULTATION IPD

PRINT DATE : 18-10-2020 1:15 PM USER NAME : diina joshi

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DOCTOR VISIT			
1.	18/10/2020	DR. JAFFER.K	1600.00 x 1.00
			1600.00
Total of CONSULTATION IPD :			1600.00
Grand Total :			6600.00
Deposit Amount :			6600.00
Net Amount Payable :			0.00
Receipt/Refund No.	Date	Time	Amount(Rs.)
CASH RC20057332(Receipt)	18-10-2020	1:15PM	6600.00



Patient's / Attendant's Signature

Invoice Remarks :

dilna joshy
Authorised Signatory