



JABALPUR HOSPITAL & RESEARCH CENTRE

RUSSEL CROSSING, JABALPUR - (M.P.) INDIA PIN 482 002
Toll Free : 18002332450, PH.: 2450761, 2450762, 4026000
E-Mail: jhrc_hrd@yahoo.co.in Website : www.jabalpurhospital.com



UHID : JHI24250152238
PATIENT NAME : B/O ANUSHRI DUBEY
AGE / SEX : 16D / FEMALE
MARITAL STATUS : SINGLE
ADDRESS : SANT JALA RAM BAPU NAGAR TILEHRI, JABALPUR
FATH / HUSB NAME : AVINASH DUBEY
CONSULTANT : DR. NEETU YADAV
BED NO : NICU-08
CORPORATE : VIDAL HEALTH TPA PVT. LTD.
DEPARTMENT : PEADIATRIC
CARD / REF NO : 0

IPD NO : JHI24250341583
BILL NO : JHFB24250004074
ADMISSION DATE : 11/07/2024 03:48 PM
DISCHARGE DATE : 15/07/2024 05:19 PM
DISCHARGE TYPE : NORMAL DISCHARGE
BILL DATE : 16/07/2024 05:24 PM
REFERRED BY : HOSPITAL CASE
WARD NAME : NEONATAL ICU
GROUP NAME : INSURANCE
REQ. CATEGORY : GENERAL

IPD FINAL BILL

CASH

Date/S.NO	PARTICULAR	NOS	UNIT	RATE	AMOUNT	DISC (RS.)	NET (RS.)
11/07/2024	REGISTRATION CHARGES						100.00
WARD CHARGES							
11/07/2024	NEONATAL ICU	3	Days	2,200.00	6,600.00		6,600.00
14/07/2024	NEONATAL ICU	1	Days	800.00	800.00		800.00
							7,400.00
INVESTIGATION							
15/07/2024	BILIRUBIN EXAMINATION	1		150.00	150.00		150.00
15/07/2024	CBC (COMPLETE BLOOD COUNT)	1		300.00	300.00		300.00
13/07/2024	BILIRUBIN EXAMINATION	1		150.00	150.00		150.00
13/07/2024	CBC (COMPLETE BLOOD COUNT)	1		300.00	300.00		300.00
13/07/2024	TSH	1		280.00	280.00		280.00
12/07/2024	CBC (COMPLETE BLOOD COUNT)	1		300.00	300.00		300.00
11/07/2024	CBC (COMPLETE BLOOD COUNT)	1		300.00	300.00		300.00
11/07/2024	CRP (C - REACTIVE PROTEIN)	1		600.00	600.00		600.00
11/07/2024	GLUCOSE (RANDOM) X 5	1		350.00	350.00		350.00
11/07/2024	BLOOD GROUP	1		100.00	100.00		100.00
11/07/2024	GLUCOSE (RANDOM) X 1	1		70.00	70.00		70.00
11/07/2024	X-RAY CHEST PA VIEW	1		350.00	350.00		350.00
11/07/2024	BED SIDE CHARGES	1		250.00	250.00		250.00
							3,500.00
PROFESSIONAL CHARGES							
11/07/2024	DR. NEETU YADAV	1		1,000.00	1,000.00		1,000.00
12/07/2024	DR. NEETU YADAV	1		1,000.00	1,000.00		1,000.00
13/07/2024	DR. NEETU YADAV	1		1,000.00	1,000.00		1,000.00
14/07/2024	DR. NEETU YADAV	1		300.00	300.00		300.00
15/07/2024	DR. NEETU YADAV	1		1,000.00	1,000.00		1,000.00

Print DateTime : 26/7/2024 10:49 AM
Prepared By : MRS. ARCHANA NAMDEV



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UHD :
PATIENT NAME :
PROFESSIONAL CHARGES

JHU24250152238
B/O ANUSHRI DUBEY

IPD NO :
BILL NO :

JHI24250341583
JHFB24250004074

4,300.00

Bill Amount	15,300.00
Nursing Amount.	3,700.00
Grand Total	19,000.00
Advance Amount (-)	19,000.00
Net Amount	0.00

RECEIPT DETAIL

Date Time	Receipt No. / Voucher No.	Payment Mode	Type	Amount
15/07/2024 05:50 PM	JHR24250013361	CARD	Admission Advance	19000.00
Total Receipt:				19000.00

Print DateTime : 26/7/2024 10:49 AM
Prepared By : MRS. ARCHANA NAMDEV

Seal & Signature