



## MEDIHEAL HOSPITAL PARKLANDS

(A UNIT OF MEDIHEAL GROUP OF HOSPITALS)

PARKLANDS MEDIPLAZA, 3RD PARKLANDS AVENUE, PO BOX 39698-00623 NAIROBI - 3969800

Phone No : +254 722 218 416/+254 736 638 073

e-mail : bills@medihealgroup.com

### IN PATIENT - INVOICE

#### HOSPITAL

PATIENT NAME : **OSMAN LIBAH**  
ADMITTING Dr. : DEVENDER PAL SINGH  
DEPARTMENT : NEUROSURGERY  
BILL TO : **OSMAN LIBAH**  
ADDRESS : DONHOLM JACARANDA ROAD  
NAIROBI

BILL NO. : **J393979/23**  
BILL DATE : 18-Apr-2023 8:49 am  
REG. NO : **233564**  
IP NO. : 13945  
GENDER / AGE : MALE/63 Yrs

D.O.A : 15-Apr-2023

Sr. No.	PARTICULARS	QUANTITY	RATE	AMOUNT
1	ADMISSION FEE			1500.00
2	LABORATORY			13800.00
3	ECG RESTING	1	1000.00	1000.00
4	IP CONSULTATION (Dr. DEVENDER PAL SINGH (RESIDENTIAL CONSULTANT) - DOCT	3	3000.00	9000.00
5	IP CONSULTATION (Dr. SONAM SAXENA - DOCTOR)	1	3000.00	3000.00
6	DRUGS AND CONSUMABLES			8968.00
7	AMBULANCE CHARGE	1	7000.00	7000.00
8	NURSING CHARGES	3	1500.00	4500.00
9	BED CHARGES (15-04-2023 TO 17-04-2023)	3	13500.00	40500.00

Sub Total : **89,268.00**

Total Amount : **89,268.00**

Less Advance : **84,000.00**

Less Concession : **5268.00**

Round Off : **0.00**

Amount Payable / Receivable : **0.00**

Concession Remarks : DISCOUNTED

#### PAYMENT DETAIL

Voucher No	Mode	Voucher Date	Voucher Amt
14175	RECEIPT - CREDIT CARD	15-Apr-2023 2:19 am	60000.00
14424	RECEIPT - DEBIT CARD	17-Apr-2023 3:57 pm	24000.00

FOR THE PATIENT

FOR MEDIHEAL HOSPITAL PARKLANDS

Authorized Signatory

Prepared By : Briankip

Print Date & Time : 19-Apr-2023 1:04 pm

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**IN PATIENT INVOICE BREAK UP**BILL NO : **J393979/23**BILL DATE : **18-Apr-2023 8:49 am**

From Date	Particulars	Qty	Rate	Amount
<b><u>ADMISSION / MRD CHARGES</u></b>				
15-Apr-2023	ADMISSION CHARGES	1.00	1500.00	1500.00
<b><u>CARDIOVASCULAR</u></b>				
15-Apr-2023	ECG RESTING	1.00	1000.00	1000.00
<b><u>LABORATORY</u></b>				
15-Apr-2023	GLYCOSYLATED HAEMOGLOBIN(HBA1C)	1.00	2300.00	2300.00
15-Apr-2023	LIPID PROFILE	1.00	2500.00	2500.00
15-Apr-2023	LIVER FUNCTION TEST	1.00	3300.00	3300.00
15-Apr-2023	RANDOM BLOOD SUGAR (RBS)	1.00	400.00	400.00
15-Apr-2023	URIC ACID	1.00	650.00	650.00
15-Apr-2023	RANDOM BLOOD SUGAR (RBS G/M)	1.00	400.00	400.00
15-Apr-2023	THYROID PROFILE (F.T3,F.T4,TSH)	1.00	3850.00	3850.00
15-Apr-2023	ESR	1.00	400.00	400.00
<b><u>ROUTINE DOCTOR VISITS</u></b>				
15-Apr-2023	Dr. SONAM SAXENA - DOCTOR	1.00	3000.00	3000.00
16-Apr-2023	Dr. DEVENDER PAL SINGH (RESIDENTIAL CONSULTANT) - DOCTOR	2.00	3000.00	6000.00
17-Apr-2023	Dr. DEVENDER PAL SINGH (RESIDENTIAL CONSULTANT) - DOCTOR	1.00	3000.00	3000.00
<b><u>DRUGS AND CONSUMABLES</u></b>				
15-Apr-2023	I D BAND ADULT SURG 1 PS	1.00	50.00	50.00
15-Apr-2023	I.V.GIVING SET SURG 25 PS	1.00	70.00	70.00
15-Apr-2023	KEPAM 500MG INJ 1 PS	1.00	1000.00	1000.00
15-Apr-2023	MANNITOL INFUSION 500ML INFN 1 PS	1.00	800.00	800.00
15-Apr-2023	NEEDLE 21 SURG 1 PS	3.00	2.50	7.50
15-Apr-2023	NS 100ML INJ 1 PS	1.00	250.00	250.00
15-Apr-2023	SOLUCET SURG 1 PS	1.00	600.00	600.00
15-Apr-2023	SYRINGE 10ML SURG 1 PS	2.00	20.00	40.00
15-Apr-2023	TRAMADOL 50MG/ML - 1ML INJ 1 PS	1.00	32.00	32.00
15-Apr-2023	INSULIN SYRINGE 1ML SURG 100 PS	1.00	40.00	40.00
15-Apr-2023	LEVIPIL 500MG TAB 1 PS	2.00	130.00	260.00
15-Apr-2023	THERMODOL 100MG INJ 1 PS	3.00	300.00	900.00
15-Apr-2023	SPIROMIDE 50MG + 40MG TAB 1 PS	3.00	35.00	105.00
15-Apr-2023	ADMISSION FEE . SURG 1 PS	1.00	2000.00	2000.00
15-Apr-2023	ADULT DIAPER XL SURG 10 PS	3.00	200.00	600.00
15-Apr-2023	PARACETAMOL. 500 TAB 1 PS	2.00	3.00	6.00
16-Apr-2023	EXAMINATION GLOVES LARGE SURG 1 PS	100.00	15.00	1500.00
16-Apr-2023	LEVIPIL 500MG TAB 1 PS	2.00	130.00	260.00
16-Apr-2023	PARACETAMOL. 500 TAB 1 PS	6.00	3.00	18.00
16-Apr-2023	SPIROMIDE 50MG + 40MG TAB 1 PS	3.00	35.00	105.00
17-Apr-2023	SYRINGE 2 ML SURG 1 PS	1.00	7.50	7.50
17-Apr-2023	PARACETAMOL. 500 TAB 1 PS	4.00	3.00	12.00
17-Apr-2023	NEEDLE 21 SURG 1 PS	2.00	2.50	5.00
17-Apr-2023	THERMODOL 100MG INJ 1 PS	1.00	300.00	300.00
<b><u>MISCELLANEOUS SERVICES</u></b>				
17-Apr-2023	AMBULANCE CHARGE	1.00	7000.00	7000.00

**NURSING SERVICES**Print Date & Time **19-Apr-2023 1:04 pm**Page No : **Page 2 of 3**



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BILL NO : <b>J393979/23</b>		BILL DATE : <b>18-Apr-2023 8:49 am</b>		
<b>From Date</b>	<b>Particulars</b>	<b>Qty</b>	<b>Rate</b>	<b>Amount</b>
17-Apr-2023	NURSING CHARGES	3.00	1500.00	4500.00
<b><u>BED CHARGES</u></b>				
15-Apr-23 2:33 am	17-Apr-23 4:00 pm SEMI-PRIVATE BED	3	13500.00	40500.00
<b>Sub Total :</b>				<b>89,268.00</b>