

BILL CUM RECEIPT

Patient Category	: Corporate	Bill No.	: INV-O-159-19006693
MRN	: 10080000161496	Bill Date	: February 3, 2019 14:44
Patient Name	: Mr MUNNA LAL SINGH	Visit No.	: OP-001
Gender / Age	: MALE/68 Years	Charge Class	: OPD
Contact No	: 917022287048	Corporate Sponsor	: IP CASH
Address	: INDUS INOVA, MAHADEV PURA, .. Bangalore, Karnataka, INDIA -- 560037	Plan Name	: CASH-PAYING PLAN
		Corporate Sponsor (Account Number)	: 1044

Description	Date	MRP	Unit Rate	Qty	Amount(Rs)
Laboratory Services					
COMPLETE BLOOD COUNT (CBC)	03-02-2019		340.00	1	340.00
LIVER FUNCTION TEST(LFT)	03-02-2019		1,060.00	1	1,060.00
RENAL PACKAGE - 2 (RFT RANDOM)	03-02-2019		1,290.00	1	1,290.00
URINE ROUTINE & MICROSCOPY	03-02-2019		230.00	1	230.00
Laboratory Services Total					2,920.00

Total Hospital Charges for Services/Items rendered **2,920.00**

Total Bill Amount Including Taxes before round off **2,920.00**

Patient Payable Amount **2,920.00**

Amount in words : Rupees Two Thousand Nine Hundred Twenty Only

SI No	Receipt No	Amount	Mode	Ref No	Instrument Details	Instrument Date
1	RCP-1591914050	2,920.00	Credit Card	NA	HDFC BANK	NA
Total		2,920.00				

Balance Details

Gross bill amount	:	2,920.00
Net Amount	:	2,920.00
Amount Paid	:	2,920.00
Balance To Pay	:	0.00

Prepared By Savitha C
Generated By Savitha C / Savitha C, 324923

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