IP FINAL BILL

 MR Number
 : MR390005967
 Patient Reg.No.
 : IP390001240

 Patient Name
 : Ms h devi
 Phone
 : 5638763873

 Age / Gender
 : 34Y/Female
 Room Info
 : EIGHTH FLOOR /Private/802/1

Bill No : 1673 Discharge Type : LAMA

Doctor Information

Consultant Doctor : Dr. B KALYANI Department : General Physician

Specialization : M.B.B.S Physician

Payment Information						
Service Type	Quantity	Rate	Amount(₹)			
HOSPITAL SERVICES			₹ 47,000.00			
Private Room	37	500	₹ 18,500.00			
PrivateNursing Charges	37	500	₹ 18,500.00			
tubectomi	1	10000	₹ 10,000.00			
PROFESSIONAL CHARGES			₹ 18,500.00			
Private DUTY DOCTOR CHARGES	37	500	₹ 18,500.00			
RADIOLOGY CHARGES			₹ 1,850.00			
X-RAY RIGHT ELBOW JOINT AP / LAT VIEW	1	350	₹ 350.00			
ARTERIAL DOPPLER L.T LOWER LIMB	1	1500	₹ 1,500.00			

Payment Details				
S.NO	Invoice No	Date	Payment Mode	Amount(₹)
1	Adv17455	10-10-2020	Cash	₹ 2,000.00
2	Adv17456	10-10-2020	UPI - GPay	₹ 100.00
3	Adv17457	10-10-2020	Card	₹ 3,000.00
4	BIL1673	16-11-2020	Cash	₹ 60,400.00

Total:	₹ 67,350.00 (Rs)
Discount:	₹ 0.00 (Rs)
Net Amount:	₹ 67,350.00 (Rs)
(Advance+Lab+Radiology) Paid:	₹ 6,950.00 (Rs)
Net Paid:	₹ 60,400.00 (Rs)

Authorized Signature

Printed By: Testhospital1 Admin

