

Suwasevana Hospitals (Pvt) Ltd.

Daily Revenue Detail Report

Cost Center Code :ILABCost Center Code :ILAB :SSH186744 From :08/10/2025 To : 11/10/2025

Item Code	Item Description	Count	Item Amount	Amount
Cost Center Code :	LABORATORY - (INPATIENT)		Billing Category :	LABORATORY CHARGES
Inpatient				
LTC00029	C-REACTIVE PROTEIN (AUTOMATED)	1	3,180.00	
LT00011	FULL BLOOD COUNT	1	400.00	
				3,580.00
				3,580.00
				3,580.00
				3,580.00
				3,580.00
			Grand Total	3,580.00