

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	
	LTF00011	FULL BLOOD COUNT	1	400.00	
					3,580.00
					3,580.00
					3,580.00
					3,580.00
			Grand Total		3,580.00