



SWASTIK NURSING HOME

A Multispeciality Hospital Cum Diagnostic Centre

Nau-Pokhari Road, Adjacent to Nau-pokhori Park, P. O. Tinsukia
E-mail : dr.skjalan@gmail.com, swastiknh18@gmail.com, Mobile : 097060 35937, 09435035933

Bill for Indoor Patient

Serial No. : **375** Date : **20/9/21**
Patient Name : **Priyanka Sahu** Age : **30y** Sex : **M.**
Hospital Registration No. **459/21**
Bed Number : **201** Date of admission **15/09/21**
Date of Discharge **20/9/21**
No. of Days in GW/Cabin **06** No. of days in ICU..... Total no. of days in hospital **Six days**

Sl. No.	Description of Charges	Amount	Sl. No.	Description of Charges	Amount
1. ✓	Consultation Fee	Rs 350.00	23. ✓	Diagnostic Unit	650.00
2. ✓	Registration Fee	Rs 200.00	a)	Pathology Tests	
3. ✓	Emergency Resuscitation	Rs 1000.00	b)	Digital X-Ray	
4.	Bed Charges		c)	Ultrasonography	
✓	a) @ Rs.2000X6	Rs 12000.00	d)	Echocardiograph	
	b) ICU charges		e)	E.C.G.	
5. ✓	Nursing Charge Rs 400X6	Rs 2400.00	f)	CTMT	
6. ✓	R.M.O. Rs 400X6	Rs 2400.00	g)	RBS from glucometer	
7. ✓	Service Charge	Rs 2400.00	h)		
8. ✓	Operation Theatre	Rs 10,000.00			
9.	O.T. Medicine		24.	Doctors : Dr Mohip Sahu	10,000.00
10.	Labour Room			Dr A.J. Saikia	5,000.00
11.	Medicine from Hospital			Dr Bikram Bhattachary	3,000.00
12.	Diet from Hospital			Dr Rupam Paul	2,000.00
13.	Dressing charge				
14.	Cardiac Monitor				
15.	Oxygen inhalation				
16.	Nebulization				
17.	Blood Transfusion				
18.	Catheterization				
19.	Phototherapy				
20.	Baby Warmer				
21. ✓	Baby Room	Rs 2000.00			
22.	Chemotherapy Charge/Syringe pump				
				Total	52,400.00
				Advance	
				Balance	

Rupees **Fifty-Two Thousand Four Hundred and only.**

Signature of Recipient