



RAFAH-E-AAM MEDICAL CENTRE

Address: Plot # ST-10, Block 13 F.B. Area, Gulberg Town, Karachi.
Phone: +92-21-36345132, +92-21-36342010-12

DISCHARGED PATIENT BILL(IPD)

Patient Id:	Admission Date: 01-01-1970 06:00
Patient Name:	Discharge Date:
Contact No:	Age: Sex:
Physician:	PVT/Company: Private

DETAIL OF PAYMENT SCHEDULE

S.No.	Receipt #:	Recieved DDT:	Total Amount	Discount%	Discount Amount	Grand Total	Recieved Amount	Amount
			0		0		0	0
Total Amount								0

DETAIL OF ADVANCE PAYMENT

S.No.	Receipt #:	Recieved DDT:	Total Amount:	Discount:	Advance Amount
Advance Payment - Grand Total					0

BED CHARGES

S. No.	Patient Reg No.	Patient Name	Occupied Bed	Days Occupied	Bed Allotment Date/Time	Charges
Grand Total:						0

DETAIL OF SERVICE CHARGES

S.No.	Service Category	Description	Service Amount	Service Date	Qty	Discount%	Discount Amount	Service Charges	Adv. + Recvd. Amount	Due Amount
No Service is selected										
Grand Total:						0	0	0	0	0