



DISCHARGED PATIENT BILL(IPD)

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

DETAIL OF PAYMENT SCHEDULE

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

DETAIL OF ADVANCE PAYMENT

S.No.	Receipt #:	Received 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
1	Laboratory	CP (Complete Blood Picture)	600	2017-02-10 13:16:00	2	0	0	600	400	200
2	X-Rays	Nasopharynx LAT View	600	2017-02-10 13:16:00	2	0	0	600	400	200
3	Laboratory	ESR (Erythrocyte Sedimentation Rate)	100	2017-02-28 11:09:00	1	0	0	100	100	0
4	Laboratory	CBC	300	2017-02-28 11:30:00	1	3.33	10	290	290	0
5	Laboratory	CBC	300	2017-02-28 11:33:00	1	3.33	10	290	290	0
Grand Total:						7	20	1,880	1,480	400