

## **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: MR-1411-0885 Admission Date: 10-11-2014 11:57
Patient Name: MUNAZA MANSOOR Discharge Date: 10-11-2014 21:42:38

Contact No: 03003623736 Age: 24 Sex: Female

Physician:Dr Ozma Khalid PVT/Company: Private

DETA	IL OF PAYME	NT SCHEDULE								$\neg$
S.No.	Receipt #:	Recieved DDT:	Total Amount	Discount%	Discount Amount	Grand Total	Recieved Amount		Am	nount
			0		0		0			0
					Total Amount				0	
DETA	AIL OF ADVAN	CE PAYMENT								
	S.No. Receipt #:		Red	cieved DDT:	Total Amount:		Discount:		Adva Am	ance
	1 R-10112138-1276		11-1	0-2014 21:41	1500		0		1	1,500
Advance Payment - Grand Total 1,500										,500
BED (	CHARGES									
S. No.	Patient Reg No.	Patient Name		Occupied Bed	Days Occupied	Bed Allotment Date/Time		Charges		
1	MR-1411-0885	MUNAZA MANSOOR		1 Semi Private Rooms - 1	1	2014-11-10 12:42:00		3000		
Gran	d Total:								3	3,000
DETA	AILS OF DISCO	UNT(s)								
S. No.			Discount Date				Discount Amount			
1				10-11-2014				1300		
2				10-11-2014				200		
Gran	d Total:								1	1,500
DETA	AIL OF SERVIC	E CHARGES								
S.No.	Service Category	Description	Service Amount	Service Date	Qty	Discount%	Discount Amount	Service Charges	Adv. + Recvd. Amount	ie nount
No Se	rvice is selected									`
Gran	d Total:					0	0	3,000	1,500	0