



INCISIVESOFT

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 #:	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
1	IPD Services	Nursing Charges ICU	600	2017-04-17 12:42:00	1	0	0	600	0	600
Grand Total:							0	0	600	600