

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-1410-0267 Admission Date: 10-10-2014 23:23
Patient Name: BABY FALAK Discharge Date: 11-10-2014 01:35:26

Contact No: 03082220034 Age: 2 Sex: Female

Physician:Dr Syed M Ahmed Masood PVT/Company: Private

DETA	IL OF PAYMI	ENT SCHEDULE								
S.No.	Receipt #:	Recieved DDT:	Total Amount	Discount%	Discount Amount	Grand Total	Recieved Amount			Amount
			0		0		0			0
		Total Amo								0
DETA	AIL OF ADVAN	NCE PAYMENT								
S.No. Receipt #		Receipt #:	Recieved DDT:		Total Amount:		Discount:		Advance Amount	
		A	dvance Pa	yment - Grand '	Fotal					0
BED (CHARGES									
S. No.	Patient Reg No.	Reg Patient Name		Occupied Bed	Days Occupied	Bed Allotment ed Date/Time			Charges	
Gran	d Total:									0
DETA	AIL OF SERVI	CE CHARGES								
S.No.	Service Category	Description	Service Amount	Service Date	Qty	Discount%	Discount Amount		Adv. + Recvd. Amount	Due Amount
1	IPD Services	Surgeon Charges	2500		1	0	0	2500	2500	0
2	IPD Services	RMO Charges	500		1	0	0	500	500	0
3	IPD Services	Nursing Charges	250		1	0	0	250	250	0
4	X-Rays	Elbow for Bone Age	500		1	0	0	500	500	0
Grand Total:						0	0	3,750	3,750	O