

## 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-1410-0530 Admission Date: 24-10-2014 18:24

Patient Name: AMBER SHAFIQUE Discharge Date:

Contact No: 03102667271 Age: 30 Sex: Female

Physician:Dr Uzma Khalid PVT/Company: Private

| DETA      | AIL OF PAYMENT               | SCHEDULE              |                   |                       |                    |                            |                    |                            |               |  |
|-----------|------------------------------|-----------------------|-------------------|-----------------------|--------------------|----------------------------|--------------------|----------------------------|---------------|--|
| S.No.     | Receipt #:                   | Recieved DDT:         | Total<br>Amount   | Discount%             | Discount<br>Amount | Grand<br>Total             | Recieved<br>Amount | Amount                     |               |  |
|           |                              |                       | 0                 |                       | 0                  |                            | 0                  |                            | 0             |  |
|           |                              |                       |                   |                       |                    |                            | Total Amount       |                            | 0             |  |
| DETA      | AIL OF ADVANCE               | PAYMENT               |                   |                       |                    |                            |                    |                            |               |  |
| S.No.     |                              | Receipt #:            |                   | Recieved DDT:         |                    | Advance An                 |                    |                            | Amount        |  |
| 1         |                              | R-25102000-0775       |                   | 10-25-2014 20:01      |                    | 10.                        |                    |                            | 10,000        |  |
|           | 2                            | R-26101325-0787       | R-26101325-0787   |                       | -26-2014 13:25     |                            | 13,70              |                            |               |  |
|           |                              | Advance Payment - Gra | nd Total          |                       |                    |                            |                    |                            | 23,700        |  |
| BED       | CHARGES                      |                       |                   |                       |                    |                            |                    |                            |               |  |
| S.<br>No. | Patient Reg No.              | Patient Name          |                   | Occupied Bed          | Days<br>Occupied   | Bed Allotment<br>Date/Time |                    | Charges                    |               |  |
| 1         |                              | LAMBER SHAFIOUE       |                   |                       |                    | 2014-10-23<br>00:00:00     |                    | 1600                       |               |  |
| 1         | MR-1410-0530                 | AMBER SHAFIQUE        |                   | 7 female general ward | 2                  |                            | -                  |                            | 1600          |  |
| Gran      | MR-1410-0530<br>d Total:     | AMBER SHAFIQUE        |                   |                       | 2                  |                            | -                  |                            | 1600<br>1,600 |  |
|           |                              |                       |                   |                       | 2                  |                            | -                  |                            |               |  |
|           | d Total:<br>AIL OF SERVICE ( |                       | Service<br>Amount | ward                  | Discount%          | 00:00:00                   | Service            | Adv. +<br>Recvd.<br>Amount | 1,600<br>Due  |  |
| DETA      | d Total:<br>AIL OF SERVICE ( | CHARGES               | 1                 | <b>Ward</b> Qty       |                    | 00:00:00  Discount         | Service<br>Charges | Recvd.                     |               |  |