

HOSPITAL

DETAIL FINAL BILL

Bill No. :	Bill Date :
Patient Name :	REG No. :
Husband Name :	IPD No. :
Mobile No. :	Age/Sex :
D.O.A. :	D.O.D. :
Consult. Dr. : 1	
Address :	Category :
Department :	Ward/Room/Bed :

S.No.	Date	Code	SAC Code	Particulars	Rate x Qty	Amt (Rs.)
Radiological Investigation						
1.	15/11/2025	RI001		2D echocardiography	1180.00 x 1.00	1180.00
2.	15/11/2025	RI020		USG Whole Abdomen Including Pelvis and post Void urine	640.00 x 1.00	640.00
3.	15/11/2025	RI035		X Ray Chest Lateral (one film)	184.00 x 1.00	184.00
Total of Radiological Investigation :						2004.00
BED CHARGES						
1.	15/11/2025			BED CHARGE GENERAL WARD	1500.00 x 1.00	1500.00
2.	16/11/2025			BED CHARGE GENERAL WARD	1500.00 x 1.00	1500.00
3.	17/11/2025			BED CHARGE GENERAL WARD	1500.00 x 1.00	1500.00
4.	18/11/2025			BED CHARGE GENERAL WARD	1500.00 x 1.00	1500.00
Total of BED CHARGES :						6000.00
CONSULTATION						
1.	15/11/2025	CN002		Consultation for Inpatients	350.00 x 2.00	700.00
2.	16/11/2025	CN002		Consultation for Inpatients	350.00 x 2.00	700.00
3.	17/11/2025	CN002		Consultation for Inpatients	350.00 x 2.00	700.00
4.	18/11/2025	CN002		Consultation for Inpatients	350.00 x 1.00	350.00
Total of CONSULTATION :						2450.00
PATHOLOGY						
			999316			
1.	15/11/2025	LB203		BLOOD CULTURE & SENSITIVITY	368.00 x 1.00	368.00
2.	15/11/2025	LB055		BLOOD SUGAR RANDOM (RBS)	32.00 x 1.00	32.00
3.	15/11/2025	LB012		CBC	240.00 x 1.00	240.00

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4.	15/11/2025	LB270	DENGUE IGM AND IGG	640.00 x 1.00	640.00
5.	15/11/2025	LB269	DENGUE NS1 ANTIGEN	320.00 x 1.00	320.00
6.	15/11/2025	LB010	ESR(ERYTHROCYTE SED. RATE)	80.00 x 1.00	80.00
7.	15/11/2025	LB122	GLYCOSYLATED HAEMOGLOBIN (HBA1C)	240.00 x 1.00	240.00
8.	15/11/2025	LB042	HBsAg	240.00 x 1.00	240.00
9.	15/11/2025	LB043	HEPATITIS C VIRUS (HCV)	400.00 x 1.00	400.00
10.	15/11/2025	LB044	HIV I AND II	308.00 x 1.00	308.00
11.	15/11/2025	LB070	C-REACTIVE PROTEIN (CRP)	240.00 x 1.00	240.00
12.	15/11/2025	LB125	LIPID PROFILE	392.00 x 1.00	392.00
13.	15/11/2025	LB124	LIVER FUNCTION TEST (LFT)	400.00 x 1.00	400.00
14.	15/11/2025	LB026	MP ANTIGEN (MALARIA RAPID CARD	232.00 x 1.00	232.00
15.	15/11/2025	LB248	PROCALCITONIN	2070.00 x 1.00	2070.00
16.	15/11/2025	LB123	RFT/KIDNEY FUNCTION TEST(kft)	400.00 x 1.00	400.00
17.	15/11/2025	LB088	SERUM AMYLASE	240.00 x 1.00	240.00
18.	15/11/2025	LB089	SERUM LIPASE	320.00 x 1.00	320.00
19.	15/11/2025	LB127	SERUM VITAMIN B-12 LEVEL	480.00 x 1.00	480.00
20.	15/11/2025	LB263	TYPHIDOT IgG IgM	320.00 x 1.00	320.00
21.	15/11/2025	LB154	VITAMIN D3 ASSAY	800.00 x 1.00	800.00
22.	15/11/2025	LB268	WIDAL TEST	56.00 x 1.00	56.00
23.	17/11/2025	LB124	LIVER FUNCTION TEST (LFT)	400.00 x 1.00	400.00
24.	17/11/2025	LB070	C-REACTIVE PROTEIN (CRP)	240.00 x 1.00	240.00
25.	17/11/2025	LB123	KIDNEY FUNTION TEST (KFT)	400.00 x 1.00	400.00
26.	17/11/2025	LB012	CBC	240.00 x 1.00	240.00
Total of PATHOLOGY :					10098.00
PHARMACY CHARGE			999311		
1.	18/11/2025	0	PHARMACY CHARGE	70491.00 x 0.75	52868.25
Total of PHARMACY CHARGE :					52868.25
Grand Total :					73420.25
Net Amount Payable :					73420.25