

Patient Name :
 Patient Address :
 Patient Phone :
 I.P. No.
 MRN :
 Doctor :
 Payer Name :

Bill No. :
 Bill Date : 24/11/2025
 Date of Admission : 11/11/2025 03:14 AM
 Date of Discharge : 24/11/2025 12:31 PM
 Speciality
 Ward Type
 Bed No :

DATE	DESCRIPTION	SERVICE PROVIDER	QTY.	RATE	DISCOUNT	AMOUNT	COMPANY AMOUNT
ADMISSION CHARGES							
12/11/2025	ADMISSION CHARGE		1.0	250.00	0.00	0.00	250.00
						0.00	250.00
WARD CHARGES							
11/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
12/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
13/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
14/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
15/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
16/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
17/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
18/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
19/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
20/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
21/11/2025	NICU		1.0	4,800.00	0.00	0.00	4,800.00
22/11/2025	PRIVATE WARD		1.0	3,200.00	0.00	0.00	3,200.00
23/11/2025	PRIVATE WARD		1.0	3,200.00	0.00	0.00	3,200.00
24/11/2025	PRIVATE WARD		1.0	3,200.00	0.00	0.00	3,200.00
						0.00	62,400.00
NURSING CHARGES							
11/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00
12/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00
13/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00
14/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00
15/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00
16/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00

IP BILL (Provisional)

Patient Name :	Bill No. :
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I.P. No. :	Date of Discharge : 24/11/2025 12:31 PM
MRN :	Speciality :
Doctor :	Ward Type :
Payer Name:	Bed No

DATE	DESCRIPTION	SERVICE PROVIDER	QTY.	RATE	DISCOUNT	AMOUNT	COMPANY AMOUNT
17/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00
18/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00
19/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00
20/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00
21/11/2025	NURSING CHARGES. - NICU		1.0	1,200.00	0.00	0.00	1,200.00
22/11/2025	NURSING CHARGES. - PRIVATE WARD		1.0	800.00	0.00	0.00	800.00
23/11/2025	NURSING CHARGES. - PRIVATE WARD		1.0	800.00	0.00	0.00	800.00
24/11/2025	NURSING CHARGES. - PRIVATE WARD		1.0	800.00	0.00	0.00	800.00
						0.00	15,600.00
MINOR PROCEDURE							
11/11/2025	IV CANNULISATION		1.0	250.00	0.00	0.00	250.00
11/11/2025	RYLES TUBE INSERTION		1.0	300.00	0.00	0.00	300.00
11/11/2025	Umbilical Line/PICC Insertion		1.0	6,660.00	0.00	0.00	6,660.00
12/11/2025	RYLES TUBE INSERTION		1.0	300.00	0.00	0.00	300.00
13/11/2025	IV CANNULISATION		1.0	250.00	0.00	0.00	250.00
13/11/2025	RYLES TUBE INSERTION		1.0	300.00	0.00	0.00	300.00
18/11/2025	IV CANNULISATION		1.0	250.00	0.00	0.00	250.00
18/11/2025	Double Occupancy / Attender Stay		1.0	2,500.00	0.00	0.00	2,500.00
19/11/2025	Double Occupancy / Attender Stay		1.0	2,500.00	0.00	0.00	2,500.00
20/11/2025	IV CANNULISATION		1.0	250.00	0.00	0.00	250.00
20/11/2025	Double Occupancy / Attender Stay		1.0	2,500.00	0.00	0.00	2,500.00
						0.00	16,060.00
LABORATORY							
11/11/2025	BLOOD GROUPING ABO		1.0	180.00	0.00	0.00	180.00
11/11/2025	COMPLETE BLOOD COUNT(CBC)		1.0	360.00	0.00	0.00	360.00
11/11/2025	VENOUS BLOOD GAS		1.0	1,320.00	0.00	0.00	1,320.00

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Doctor :	Ward Type
Payer Name :	Bed No

DATE	DESCRIPTION	SERVICE PROVIDER	QTY.	RATE	DISCOUNT	AMOUNT	COMPANY AMOUNT
13/11/2025	BILIRUBIN DIRECT - SERUM		1.0	240.00	0.00	0.00	240.00
13/11/2025	BILIRUBIN TOTAL - SERUM		1.0	240.00	0.00	0.00	240.00
13/11/2025	CALCIUM - SERUM		1.0	240.00	0.00	0.00	240.00
13/11/2025	CRP ; C-REACTIVE PROTEIN		1.0	600.00	0.00	0.00	600.00
13/11/2025	RENAL FUNCTION TEST (RFT)		1.0	720.00	0.00	0.00	720.00
13/11/2025	BLOOD CULTURE AND SENSITIVITY		1.0	1,080.00	0.00	0.00	1,080.00
13/11/2025	THYROXINE FREE (FT4)		1.0	600.00	0.00	0.00	600.00
13/11/2025	THYROID STIMULATING HORMONE		1.0	300.00	0.00	0.00	300.00
15/11/2025	COMPLETE BLOOD COUNT(CBC)		1.0	360.00	0.00	0.00	360.00
15/11/2025	CRP ; C-REACTIVE PROTEIN		1.0	600.00	0.00	0.00	600.00
15/11/2025	URINE FOR KOH MOUNT		1.0	600.00	0.00	0.00	600.00
16/11/2025	CRP ; C-REACTIVE PROTEIN		1.0	600.00	0.00	0.00	600.00
16/11/2025	PLATELET COUNT - BLOOD		1.0	240.00	0.00	0.00	240.00
17/11/2025	OCCULT BLOOD - STOOL		1.0	120.00	0.00	0.00	120.00
18/11/2025	COMPLETE BLOOD COUNT(CBC)		1.0	360.00	0.00	0.00	360.00
18/11/2025	CRP ; C-REACTIVE PROTEIN		1.0	600.00	0.00	0.00	600.00
20/11/2025	CRP ; C-REACTIVE PROTEIN		1.0	600.00	0.00	0.00	600.00
20/11/2025	PLATELET COUNT - BLOOD		1.0	240.00	0.00	0.00	240.00
24/11/2025	COMPLETE BLOOD COUNT(CBC)		1.0	360.00	0.00	0.00	360.00
24/11/2025	CRP ; C-REACTIVE PROTEIN		1.0	600.00	0.00	0.00	600.00
						0.00	11,160.00

RADIOLOGY

11/11/2025	X-RAY CHEST AP	1.0	480.00	0.00	0.00	480.00
11/11/2025	X-RAY CHEST AP	1.0	480.00	0.00	0.00	480.00
11/11/2025	2D ECHO CARDIOGRAPHY	1.0	1,800.00	0.00	0.00	1,800.00
15/11/2025	X-RAY CHEST AP	1.0	480.00	0.00	0.00	480.00

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20/11/2025	2D ECHO SCREENING		1.0	1,500.00	0.00	0.00	1,500.00
						0.00	4,740.00
DOCTOR VISITS							
11/11/2025	PAEDIATRICS - IP DOCTOR VISIT		18.0	1,500.00	0.00	0.00	27,000.00
22/11/2025	PAEDIATRICS - IP DOCTOR VISIT		8.0	650.00	0.00	0.00	5,200.00
23/11/2025	Audiology Consultation		1.0	650.00	0.00	0.00	650.00
						0.00	32,850.00
CHARGES							
11/11/2025	INSURANCE PROCESSING FEES		1.0	750.00	0.00	0.00	750.00
11/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00
11/11/2025	INTUBATION		1.0	2,500.00	0.00	0.00	2,500.00
11/11/2025	VENTILATOR PER DAY		1.0	4,500.00	0.00	0.00	4,500.00
11/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
11/11/2025	MONITOR CHARGES,		1.0	800.00	0.00	0.00	800.00
11/11/2025	SYRINGE PUMP		1.0	450.00	0.00	0.00	450.00
11/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
11/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00
11/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
11/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
11/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
11/11/2025	Critical Care Consumables		11.0	650.00	0.00	0.00	7,150.00
11/11/2025	Infection Preventive Measures (IPM)		11.0	500.00	0.00	0.00	5,500.00
11/11/2025	INTENSIVIST CHARGES		22.0	750.00	0.00	0.00	16,500.00
11/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
12/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
12/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00

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12/11/2025	MONITOR CHARGES.		1.0	800.00	0.00	0.00	800.00
12/11/2025	SYRINGE PUMP		1.0	450.00	0.00	0.00	450.00
12/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
12/11/2025	NEBULISATION		2.0	150.00	0.00	0.00	300.00
12/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00
12/11/2025	INITIAL ASSESSMENT CHARGES		1.0	500.00	0.00	0.00	500.00
12/11/2025	LINEN CHARGES		1.0	120.00	0.00	0.00	120.00
12/11/2025	Ventilator Initiation		1.0	2,180.00	0.00	0.00	2,180.00
12/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
12/11/2025	NEBULISATION		2.0	150.00	0.00	0.00	300.00
12/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
12/11/2025	NEBULISATION		1.0	150.00	0.00	0.00	150.00
13/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00
13/11/2025	GRBS		4.0	110.00	0.00	0.00	440.00
13/11/2025	NEBULISATION		4.0	150.00	0.00	0.00	600.00
13/11/2025	MONITOR CHARGES.		1.0	800.00	0.00	0.00	800.00
13/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00
13/11/2025	SYRINGE PUMP		1.0	450.00	0.00	0.00	450.00
13/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
13/11/2025	NEBULISATION		1.0	150.00	0.00	0.00	150.00
13/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
13/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
13/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
13/11/2025	NEBULISATION		2.0	150.00	0.00	0.00	300.00
13/11/2025	Non-invasive Ventilation (NIV)		1.0	4,500.00	0.00	0.00	4,500.00
13/11/2025	NEBULISATION		1.0	150.00	0.00	0.00	150.00
14/11/2025	MONITOR CHARGES.		1.0	800.00	0.00	0.00	800.00

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14/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00
14/11/2025	SYRINGE PUMP		1.0	450.00	0.00	0.00	450.00
14/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
14/11/2025	NEBULISATION		3.0	150.00	0.00	0.00	450.00
14/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00
14/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
14/11/2025	NEBULISATION		2.0	150.00	0.00	0.00	300.00
14/11/2025	Non-invasive Ventilation (NIV)		1.0	4,500.00	0.00	0.00	4,500.00
14/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
14/11/2025	NEBULISATION		2.0	150.00	0.00	0.00	300.00
14/11/2025	NEBULISATION		1.0	150.00	0.00	0.00	150.00
15/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
15/11/2025	MONITOR CHARGES.		1.0	800.00	0.00	0.00	800.00
15/11/2025	NEBULISATION		3.0	150.00	0.00	0.00	450.00
15/11/2025	SYRINGE PUMP		1.0	450.00	0.00	0.00	450.00
15/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00
15/11/2025	Non-invasive Ventilation (NIV)		1.0	4,500.00	0.00	0.00	4,500.00
15/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00
15/11/2025	ATTENDING DELIVERY CHARGE		1.0	8,000.00	0.00	0.00	8,000.00
15/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
16/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00
16/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
16/11/2025	MONITOR CHARGES.		1.0	800.00	0.00	0.00	800.00
16/11/2025	SYRINGE PUMP		1.0	450.00	0.00	0.00	450.00
16/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00
16/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
16/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00

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16/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
17/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00
17/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
17/11/2025	MONITOR CHARGES.		1.0	800.00	0.00	0.00	800.00
17/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00
17/11/2025	SYRINGE PUMP		1.0	450.00	0.00	0.00	450.00
17/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
17/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
18/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00
18/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
18/11/2025	MONITOR CHARGES.		1.0	800.00	0.00	0.00	800.00
18/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00
18/11/2025	SYRINGE PUMP		1.0	450.00	0.00	0.00	450.00
18/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
18/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
19/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
19/11/2025	MONITOR CHARGES.		1.0	800.00	0.00	0.00	800.00
19/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00
19/11/2025	SYRINGE PUMP		1.0	450.00	0.00	0.00	450.00
19/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00
19/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
19/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
20/11/2025	OXYGEN PER HOUR		1.0	100.00	0.00	0.00	100.00
20/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
20/11/2025	MONITOR CHARGES.		1.0	800.00	0.00	0.00	800.00
20/11/2025	SYRINGE PUMP		1.0	450.00	0.00	0.00	450.00
20/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00

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20/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
21/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
21/11/2025	MONITOR CHARGES.		1.0	800.00	0.00	0.00	800.00
21/11/2025	OXYGEN PER DAY		1.0	2,400.00	0.00	0.00	2,400.00
21/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
21/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
21/11/2025	NEBULISATION		2.0	150.00	0.00	0.00	300.00
21/11/2025	DIETARY SERVICES - NICU		1.0	500.00	0.00	0.00	500.00
22/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
22/11/2025	DIETARY SERVICES - PRIVATE WARD		1.0	500.00	0.00	0.00	500.00
22/11/2025	Infection Preventive Measures (IPM)		3.0	200.00	0.00	0.00	600.00
22/11/2025	WARD CONSUMABLES PER DAY		3.0	200.00	0.00	0.00	600.00
22/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
22/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
23/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
23/11/2025	DIETARY SERVICES - PRIVATE WARD		1.0	500.00	0.00	0.00	500.00
23/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
23/11/2025	Oto-Acoustic Emission		1.0	1,070.00	0.00	0.00	1,070.00
23/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
24/11/2025	GRBS		2.0	110.00	0.00	0.00	220.00
24/11/2025	DIETARY SERVICES - PRIVATE WARD		1.0	500.00	0.00	0.00	500.00
24/11/2025	GRBS		1.0	110.00	0.00	0.00	110.00
24/11/2025	VACCINATION		1.0	1,800.00	0.00	0.00	1,800.00
						0.00	122,900.00
WARD CONSUMABLES							
11/11/2025	BLOOD LANCET		3.0	20.00	0.00	0.00	60.00

IP BILL (Provisional)

Patient Name	Bill No.	:
Patient Address	Bill Date	: 24/11/2025
Patient Phone	Date of Admission	: 11/11/2025 03:14 AM
I.P. No.	Date of Discharge	: 24/11/2025 12:31 PM
MRN	Speciality	
Doctor	Ward Type	
Payer Name	Bed No	:

DATE	DESCRIPTION	SERVICE PROVIDER	QTY.	RATE	DISCOUNT	AMOUNT	COMPANY AMOUNT
11/11/2025	DISPOSABLE SYRINGE 50ML HMD		1.0	57.18	0.00	0.00	57.18
11/11/2025	DISPOSABLE SYRINGE 5ML HMD		3.0	10.31	0.00	0.00	30.93
11/11/2025	VASOFIX 24 G		3.0	225.00	0.00	0.00	675.00
11/11/2025	ACCUSURE PRO BLOOD GLUCOSE TEST STRIPS		3.0	28.08	0.00	0.00	84.24
11/11/2025	DISPOSABLE SYRINGE 10ML HMD		2.0	12.19	0.00	0.00	24.38
11/11/2025	DISPOSABLE SYRINGE 1ML		4.0	9.37	0.00	0.00	37.48
11/11/2025	ET TUBE 4.0 (CUFFED)		1.0	182.81	0.00	0.00	182.81
11/11/2025	EXAMINATION GLOVES MEDIUM		10.0	14.06	0.00	0.00	140.60
11/11/2025	INFANT FEEDING TUBE SIZE 6		2.0	61.00	0.00	0.00	122.00
11/11/2025	KLICK CLAMP		1.0	36.56	0.00	0.00	36.56
11/11/2025	LEUKOBAND 10CM*4/6 M		1.0	166.90	0.00	0.00	166.90
11/11/2025	POWDER FREE GLOVES 7.5		2.0	113.44	0.00	0.00	226.88
11/11/2025	SUCTION CATHETER B		3.0	75.94	0.00	0.00	227.82
11/11/2025	SURGICAL BLADE 22		1.0	5.62	0.00	0.00	5.62
11/11/2025	THREE WAY STOP COCK		1.0	152.81	0.00	0.00	152.81
11/11/2025	UNDER PAD		1.0	140.00	0.00	0.00	140.00
11/11/2025	VEIN O LINE 100CM		2.0	105.94	0.00	0.00	211.88
11/11/2025	VEIN O LINE 10CM		1.0	364.74	0.00	0.00	364.74
11/11/2025	ACCUSURE PRO BLOOD GLUCOSE TEST STRIPS		1.0	28.08	0.00	0.00	28.08
11/11/2025	BLOOD LANCET		1.0	20.00	0.00	0.00	20.00
11/11/2025	DISPOSABLE SYRINGE 10ML HMD		1.0	12.19	0.00	0.00	12.19
11/11/2025	NEONATAL VENTILATOR CIRCUIT (RT225) F&P		1.0	6,119.06	0.00	0.00	6,119.06
11/11/2025	DISPOSABLE SYRINGE 1ML		1.0	9.37	0.00	0.00	9.37
11/11/2025	DISPOSABLE SYRINGE 5ML HMD		1.0	10.31	0.00	0.00	10.31
11/11/2025	EXAMINATION GLOVES MEDIUM		2.0	14.06	0.00	0.00	28.12
11/11/2025	ACCUSURE PRO BLOOD GLUCOSE TEST STRIPS		2.0	28.08	0.00	0.00	56.16

IP BILL (Provisional)

Patient Name : Bill No. :
 Patient Address : Bill Date : 24/11/2025
 Patient Phone : Date of Admission : 11/11/2025 03:14 AM
 I.P. No. : Date of Discharge : 24/11/2025 12:31 PM
 MRN : Speciality :
 Doctor : Ward Type :
 Payer Name : Bed No.

DATE	DESCRIPTION	SERVICE PROVIDER	QTY.	RATE	DISCOUNT	AMOUNT	COMPANY AMOUNT
11/11/2025	BLOOD LANCET		2.0	20.00	0.00	0.00	40.00
11/11/2025	DISPOSABLE SYRINGE 10ML HMD		1.0	12.19	0.00	0.00	12.19
11/11/2025	DISPOSABLE SYRINGE 5ML HMD		1.0	10.31	0.00	0.00	10.31
11/11/2025	EXAMINATION GLOVES MEDIUM		2.0	14.06	0.00	0.00	28.12
11/11/2025	APRON (PLASTIC)		1.0	45.00	0.00	0.00	45.00
11/11/2025	DISPOSABLE SYRINGE 10ML HMD		4.0	12.19	0.00	0.00	48.76
11/11/2025	EXAMINATION GLOVES MEDIUM		20.0	14.06	0.00	0.00	281.20
11/11/2025	INFANT FEEDING TUBE SIZE 5		1.0	57.19	0.00	0.00	57.19
11/11/2025	TISSUE PAPER C FOLD		1.0	65.00	0.00	0.00	65.00
11/11/2025	DISPOSABLE SYRINGE 50ML HMD		1.0	57.18	0.00	0.00	57.18
11/11/2025	POWDER FREE GLOVES 7.5		1.0	113.44	0.00	0.00	113.44
11/11/2025	BLOOD LANCET		2.0	20.00	0.00	0.00	40.00
11/11/2025	ACCUASURE PRO BLOOD GLUCOSE TEST STRIPS		1.0	28.08	0.00	0.00	28.08
11/11/2025	DISPOSABLE SYRINGE 1ML		1.0	9.37	0.00	0.00	9.37
11/11/2025	DISPOSABLE SYRINGE 5ML HMD		2.0	10.31	0.00	0.00	20.62
11/11/2025	EXAMINATION GLOVES MEDIUM		6.0	14.06	0.00	0.00	84.36
11/11/2025	BABY WIPES 72'S		1.0	199.00	0.00	0.00	199.00
11/11/2025	DEXTROSE 10%		1.0	36.72	0.00	0.00	36.72
11/11/2025	INJEK 1MG/0.5ML INJ		1.0	28.69	0.00	0.00	28.69
11/11/2025	NS 100ML		2.0	21.00	0.00	0.00	42.00
11/11/2025	PHENOBARBITONE-INJ 1ML/AMP.		1.0	21.79	0.00	0.00	21.79
11/11/2025	TEDDYY BABY DIAPER 5'S (NEW BORN)		2.0	70.31	0.00	0.00	140.62
11/11/2025	WATER FOR INJ 500ML		1.0	61.31	0.00	0.00	61.31
11/11/2025	TROYHEP 25000IU INJ		1.0	320.11	0.00	0.00	320.11
11/11/2025	MEZOLAM 5MG/5ML		1.0	31.03	0.00	0.00	31.03
11/11/2025	TAXIM-250MG/INJ		1.0	18.92	0.00	0.00	18.92
11/11/2025	TAXIM-250MG/INJ		2.0	18.92	0.00	0.00	37.84