

FINAL BILL

PMR No. :	IPD No.	Admission Date	: 21-10-2025	09:36:33 PM
Bill No.		Bill Date	: 28-10-2025	04:58:00 PM
Patient Name		Discharge Date	: 28-10-2025	11:38:22 AM
Relative Name		Age/Gender	:	
Address		Area Name		
Doctor Name	:	City Name		
Dr.Speciality	:	Mobile No.		
Pat.Category	:	Room No.		
Company Name	:	Ward Type	:	

S.No.	PARTICULARS	FROM DATE	TO DATE	AMOUNT	NO.OF	TOTALAMT
Accommodation Charges						
1	SINGLE A/C	21/10/2025	28/10/2025	2750.00	7	19250.00
Consultant Charges						
2	DR.ANISH KUMAR JAIN	21/10/2025	28/10/2025	1200.00	7	8400.00
3	DR VAMSHI NAGENDRA	21/10/2025	27/10/2025	1200.00	6	7200.00
4	DR VENU GOPAL	22/10/2025	26/10/2025	1200.00	2	2400.00
5	DR DEVASANI SRINIVASA	22/10/2025	22/10/2025	1200.00	1	1200.00
6	DR ABHINAY	25/10/2025	25/10/2025	1500.00	1	1500.00
L & B & Radiology						
7	HIV I&II (TRI-DOT)	22/10/2025	22/10/2025	300.00	1	300.00
8	BLEEDING TIME & CLOTTING TIME	22/10/2025	22/10/2025	100.00	1	100.00
9	X-RAY CHEST PA VIEW	22/10/2025	22/10/2025	300.00	1	300.00
10	HBSAG	22/10/2025	22/10/2025	200.00	1	200.00
11	SERUM ELECTROLYTES (NA ⁺ , K ⁺ , CL ⁻)	22/10/2025	22/10/2025	450.00	1	450.00
12	T3,T4 & TSH	22/10/2025	22/10/2025	500.00	1	500.00
13	ELECTRO CARDIOGRAM (ECG)	22/10/2025	22/10/2025	200.00	1	200.00
14	COMPLETE BLOOD PICTURE	22/10/2025	22/10/2025	250.00	1	250.00
15	COMPLETE URINE EXAMINATION	22/10/2025	22/10/2025	100.00	1	100.00
16	SERUM CREATININE	22/10/2025	22/10/2025	200.00	1	200.00
17	UREA	22/10/2025	22/10/2025	200.00	1	200.00

IPD No. :

Admission Date : 21-10-2025 09:36:33 PM

Bill Date : 28-10-2025 04:58:00 PM

Discharge Date : 28-10-2025 11:38:22 AM

Patient Name :

Relative Name :

Address :

Doctor Name :

Dr.Speciality :

Pat.Category :

Company Name :

Age/Gender :

Area Name :

City Name :

Mobile No. :

Room No. :

Ward Type :

S.No.	PARTICULARS	FROM DATE	TO DATE	AMOUNT	NO.OF	TOTALAMT
18	BLOOD GROUPING & RH TYPING	22/10/2025	22/10/2025	50.00	1	50.00
19	LIVER FUNCTION TEST (LFT)	22/10/2025	22/10/2025	400.00	1	400.00
20	HCV	22/10/2025	22/10/2025	300.00	1	300.00
21	RANDOM BLOOD SUGAR	22/10/2025	22/10/2025	50.00	1	50.00
22	2 D ECHO	22/10/2025	22/10/2025	1500.00	1	1500.00
23	SERUM ELECTROLYTES (NA+ , K+ , CL-)	25/10/2025	25/10/2025	550.00	1	550.00
24	SERUM ELECTROLYTES (NA+ , K+ , CL-)	26/10/2025	26/10/2025	550.00	1	550.00
25	SERUM CALCIUM	26/10/2025	26/10/2025	350.00	1	350.00
26	SERUM SODIUM	26/10/2025	26/10/2025	250.00	1	250.00
27	SERUM AMMONIA	26/10/2025	26/10/2025	1300.00	1	1300.00
28	X-RAY PELVIS	28/10/2025	28/10/2025	350.00	1	350.00

Procedures Charges

29	MEDICAL RECORDS	21/10/2025	28/10/2025	500.00	1	500.00
30	ADMISSION.	21/10/2025	21/10/2025	500.00	1	500.00
31	NURSING CARE	21/10/2025	28/10/2025	1450.00	7	10150.00
32	FOLEYS CATHETER	21/10/2025	21/10/2025	800.00	1	800.00
33	ANAESTHETIST	23/10/2025	23/10/2025	10000.00	1	10000.00
34	C ARM CHARGES	23/10/2025	23/10/2025	5000.00	1	5000.00
35	SURGEON	23/10/2025	23/10/2025	25000.00	1	25000.00
36	OXYGEN	23/10/2025	24/10/2025	1800.00	1	1800.00
37	IMPLANTS	23/10/2025	23/10/2025	71925.00	1	71925.00
38	OT	23/10/2025	23/10/2025	15000.00	1	15000.00
39	NEBULISATION	26/10/2025	28/10/2025	150.00	4	600.00
40	GRBS	28/10/2025	28/10/2025	150.00	1	150.00

IPD No.	Admission Date	: 21-10-2025	09:36:33 PM
	Bill Date	: 28-10-2025	04:58:00 PM
	Discharge Date	: 28-10	11:38:22 AM
	Age/Gender	:	
	Area Name	:	
	City Name	:	
	Mobile No.	:	
	Room No.	:	
	Ward Type	:	

S.No.	PARTICULARS	FROM DATE	TO DATE	AMOUNT	NO.OF	TOTALAMT
1	Amount In Words : Rupees One Hundred Eighty-Five Thousand Only					
				Total Amount	:	189825.00
				Discount	:	4825.00
				Net Amount	:	185000.00
				Paid Amount	:	185000.00
				Due Amount	:	0.00
				Refund Amount	:	0.00