



BILL NO. : FB2425-00002334
NAME : RAMA RANI SAIKIA
Age/Sex : 77 Y-0 M-0 D / Female
Reference : NO

IPD NO. : P-2425/I-00002226
Admission Date : 2025-01-08 17:47:13
Discharge Date : 2025-01-08 19:34:49
Address : NAKARI

W/NO-3,LAKHIMPUR,ASSAM,PIN-787001.

CONSULTANT DOC : DARPAN RAJKHOWA MBBS MD

| Particular | Rate | Disc | Use | Amount |
|----------------------|----------|------|-----|-----------------|
| ICU3 (ICU) | 2,500.00 | 0.00 | 1 | 2,500.00 |
| RESIDENT DOC. CHARGE | 600.00 | 0.00 | 1 | 600.00 |
| NURSING CHARGE | 1,000.00 | 0.00 | 1 | 1,000.00 |
| BIO MEDICAL WASTE | 200.00 | 0.00 | 1 | 200.00 |
| SERVICE CHARGE | 500.00 | 0.00 | 1 | 500.00 |
| OXYGEN CHARGE | 200.00 | 0.00 | 1 | 200.00 |
| MONITOR CHARGE | 200.00 | 0.00 | 1 | 200.00 |
| REGISTRATION CHARGE | 100.00 | 0 | 0 | 100.00 |
| MRD CHARGE | 250.00 | 0 | 0 | 250.00 |
| Total : | | | | 5,550.00 |



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| Particular | Rate | Use | Amount |
|------------------------------|----------|-----|-------------|
| P K NATH. (INTENSIVIST) | 1,000.00 | 1 | 1,000.00 |
| Total Doctor charge : | | | 1000 |



FINAL BILL

BILL NO. : FB2425-00002334
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Reference : NO

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| Particular | Rate | Use | Amount |
|-------------------------|----------|-----|------------------|
| HOSPITAL CHARGE | | | 5,550.00 |
| P K NATH. (INTENSIVIST) | 1,000.00 | 1 | 1,000.00 |
| OT BILL | | | 0.00 |
| DIAGNOSTIC | | | 5,460.00 |
| DISCOUNT | | | 0.00 |
| TOTAL | | | 12,010.00 |
| IPD SERVICES | | | 0 |
| PHARMACY AMOUNT | | | 0.00 |
| PAID ADVANCE | | | 0.00 |
| NET RECEIVABLE | | | 12,010.00 |

Gate Pass No.

Signature of Attendent/Patient

Signature of Cashier