



BILL NO. : FB2425-00002501
NAME : KAMAL DIHINGIA
Age/Sex : 65 Y-0 M-0 D / Male
Reference : NO

IPD NO. : P-2425/I-00002384
Admission Date : 2025-01-29 11:53:21
Discharge Date : 2025-01-30 12:08:06
Address : VILL- CHETIA GAON P/O DHAKUAKHANA
P/S DO PIN- 787055 DIST- LAKHIMPUR
ASSAM

CONSULTANT DOC : MANGSENG

Particular	Rate	Disc	Use	Amount
405B (TWIN SHARING CABIN)	1,000.00	0.00	1	1,000.00
RESIDENT DOC. CHARGE	600.00	0.00	1	600.00
NURSING CHARGE	500.00	0.00	1	500.00
BIO MEDICAL WASTE	200.00	0.00	1	200.00
SERVICE CHARGE	500.00	0.00	1	500.00
OT CHARGE	4,000.00	0.00	1	4,000.00
OT NURSING CHARGE	1,000.00	0.00	1	1,000.00
CARDIAC MONITOR CHARGE	1,500.00	0.00	1	1,500.00
REGISTRATION CHARGE	100.00	0	0	100.00
MRD CHARGE	200.00	0	0	200.00
Total :				9,600.00



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Particular	Rate	Use	Amount
MANGSENG	12,000.00	1	12,000.00
B DUTTA DA	5,000.00	1	5,000.00
Total Doctor charge :			17000



FINAL BILL

BILL NO. : FB2425-00002501
NAME : KAMAL DIHINGIA
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Reference : NO

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ASSAM

CONSULTANT DOC : MANGSENG

Particular	Rate	Use	Amount
HOSPITAL CHARGE			9,600.00
MANGSENG	12,000.00	1	12,000.00
B DUTTA DA	5,000.00	1	5,000.00
OT BILL			0.00
DIAGNOSTIC			0.00
DISCOUNT			0.00
TOTAL			26,600.00
IPD SERVICES			0
PHARMACY AMOUNT			0.00
PAID ADVANCE			0.00
NET RECEIVABLE			26,600.00

Gate Pass No.

Signature of Attendent/Patient

Signature of Cashier