

INTERIM BILL

Bill No.: pri66/05**Patient Name:** jiya patil**Consultant:** kiran patil**Admit Date:** Thursday 15 April 2021**Discharge Date:** Sunday 25 April 2021**Payment Category:** self**Bill Date:** 05.04.2021**Age/Sex:** female**Admit Time:** 00:14:53**Discharge Time:** 00:14:53**Room Category:** general

Sr.N	Particular	Qty	Rate	Amount
1	DOCTOR CONSULTATION CONSULTATION CHARGES- ICU kiran patil	2	300	600
			GROUP TOTAL:	600
	HOSPITAL SERVICES			
4	ICU CHARGES	2	12000	24000
5	COVID CONSUMABLE CHARGES	2	1200	2400
6	BIOMEDICAL WASTE DISPOSAL CHAR	2	600	1200
7	BSL CHARGES	2	50	100
8	NEBULISATION CHARGES	2	50	100
9	OXYGEN CHARGES	2	800	1600
10	ECG	2	300	600
			GROUP TOTAL:	30000
Rs.In Word: Rs. Thirty Thousand Six Hundred			TOTAL BILL	30600
Place:- Jalgaon Date:- 05/04/2121			Authorized Signatory/C.E GOLD CITY HOSPITAL JALGAON	