

D.O.A: 17/9/24
D.O.D: 18/9/24 @ 6PM

11 Floor

(HLW)
59(2)



BILLING CARD

DNS?

Patient Name Mrs. THENMOZHI
30/Female/MIC202474115
IP No. 17/09/2024/IPC2024002553
Room No. Dr. ARTIII

D.O.A. 17/9/24 Time 11:52pm

Rent Per Day 1.500/-



TRANSFER DETAILS

Date	Time	From	To	Nurse's Signature

OPERATION THEATRE

Date :	OT No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl : 2ml 10ml/Inj. Morphine
	Others :

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start

VENTILATOR

Date	Start	Date	Disconnect

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

Fun

Due

South

$\rightarrow 1628$

ABG

ACT

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

PHYSIOTHERAPY

OTHERS

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

DATE _____

NUMBERS

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]



FINAL BILL		
Name : Mrs.THENMOZHI		
Age / Sex : 30 / FEMALE		IP Number : IPC2024002553
Doctor Name: DR.ARAVIND KUMAR.,MS.,(ORTHO)		D.O.A. :17/09/2024
Company Name: INTIMATE FASHION		D.O.D. :18/09/2024
Emp. ID : 31009		
S.No	Description	Value
1	REGISTRATION CHARGES	500
2	GENERAL WARD CHARGES (1500* 1DAY)	1500
3	NURSING CHARGE (250* 1 DAYS)	250
4	DMO CHARGES (500*1 DAY)	500
5	ECG CHARGES 1No	300
7	DISINFECTION CHARGES	200
8	MRD CHARGES	200
9	DRUGS CHARGES	1453
10	DR.MOHAN.,MD., (PULMO)	1000
11	DIETITIAN CHARGES	500
Bill Amount		6403
MOU Discount 10 %		640.3
Final Bill Value		5762
Rupees : Five Thousand Seven Hundred and Sixty Two Only		
Rs. 5,762/-		
Insurance department		