

LifeSpring Hospitals Pvt.Ltd.

LIFE SPRING

Bill of Supply - IP Invoice

GSTIN/UIN :

IPD Final Invoice

Patient Details:

IP Number : IPLF240000017 **Invoice Number** : IBLF240000008
Patient Name : Mr. Vara Prasad Reddy One **Invoice Date** : 25-NOV-2024 12:07 PM
Age : 28 Y : LFH240000006 **DOA** : 25-NOV-2024 11:40 AM
Gender : Male **DOD** : 25-NOV-2024 12:07 PM
Admitting Doctor : Siva Shankar Reddy
Patient Type : General Patient
Address : **Tariff Category** : Life Spring

S.No	Date	Service Name	Rate	Quantity	Amount
1	25-Nov-2024	Complete Urine Examination-(CUE)	100.00	1	100.00
2	25-Nov-2024	ICU BED CHARGES	7,000.00	1	7,000.00
3	25-Nov-2024	CLINIC CONSULTATION	700.00	1	700.00
4	25-Nov-2024	Complete Urine Examination-(CUE)	100.00	1	100.00
5	25-Nov-2024	ICU BED CHARGES	7,000.00	1	7,000.00

Bill Amount : 14,900.00

Discount Amount : 0.00

Total Amount : 14,900.00

Patient Pay Amount : 14,900.00

Deposited Amount : 0.00

Balance Amount : 14,900.00

AUTHORISED OFFICIAL SIGNATURE

PATIENT/GUARDIAN SIGNATURE

Print Date & Time : 25-Nov-2024 12:45



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