# GENERAL TREATMENT INVOICE

**Date: 16/01/2024**

**PATIENT NAME: BALINDA HISLAIRE**
**HOSPITAL NO: ASK-MDC/00524**

| S/N | Date | Description | Unit Price (₦) | Line Total (₦) |
|---|---|---|---|---|
| 1. | 23/12/2023 | REGISTRATION & GOPD CONSULTATION | 60,000 | 60,000 |
| 2. | 23/12/2023 | **LABORATORY TEST:** RANDOM BLOOD GLUCOSE/ RENAL FUNCTION TEST/ WIDAL/ URINALYSIS/ FULL BLOOD COUNT/ HUMAN IMMUNODEFICIENCY VIRUS/ LIVER FUNCTION TEST/ MALARIA PARASITE/ LIPID BLOOD PROFILE | 78,950 | 78,950 |
| 3. | 25/12/2023 | EXTERNAL NEUROLOGY CONSULTANT VISIT | 50,000 | 50,000 |
| 4. | 25/12/2023 | EXTERNAL CARDIOLOGY CONSULTANT VISIT | 50,000 | 50,000 |
| 5. | 25/12/2023 | **PHARMACY:** APIXARDAN 2.5mg/ LOXARTAN POTASSIUM 25mg/ BISOPROLOL | 38,800 | 38,800 |
| 6. | 26/12/2023 | ANTACID SUSPENSION | 7,250 | 7,250 |
| 7. | 31/12/2023 | GOPD FOLLOW UP | 40,000 | 40,000 |
| 8. | 31/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 1 | 120,000 | 120,000 |
| 9. | 31/12/2023 | ABDOMINAL PELVIC SCAN | 20,000 | 20,000 |
| 10. | 1/1/2023 | NURSING CARE/OBSERVATION/ADMISSION DAY 2 | 120,000 | 120,000 |
| 11. | 1/1/2024 | **LABORATORY TEST:** RANDOM BLOOD GLUCOSE/HUMAN IMMUNE VIRUS | 11,550 | 11,550 |
| 12. | 1/1/2024 | GOPD FOLLOWUP | 40,000 | 40,000 |

| | | | | |
|---|---|---|---|---|
| 13. | 1/1/2024 | **LABORATORY TEST:** HEPATITIS B/HCV/URIC ACID/PO4 | 22,500 | 22,500 |
| 14. | 1/1/2024 | EXTERNAL GENERAL SURGEON VISIT | 50,000 | 50,000 |
| 15. | 2/1/2024 | EXTERNAL NEPHROLOGY CONSULTANT VISIT | 50,000 | 50,000 |
| 16. | 2/1/2024 | **LABORATORY TEST:** RENAL FUNCTION TEST/FULL BLOOD COUNT | 24,800 | 24,800 |
| 17. | 2/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 3 | 120,000 | 120,000 |
| 18. | 2/1/2024 | **LABORATORY TEST:** URINE MCS/URINALYSIS | 10,400 | 10,400 |
| 19. | 2/1/2024 | **LABORATORY TEST:** SERUM AMYLASE/SERUM LIPASE/RANDOM BLOOD GLUCOSE | 55,800 | 55,800 |
| 20. | 3/1/2024 | IN HOUSE DIETICIAN VISIT | 50,000 | 50,000 |
| 21. | 3/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 4 | 120,000 | 120,000 |
| 22. | 4/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 5 | 120,000 | 120,000 |
| 23. | 5/1/2024 | EXTERNAL NEPHROLOGY CONSULTANT FOLLOW-UP | 40,000 | 40,000 |
| 24. | 5/1/2024 | **LABORATORY BILL:** TOTAL CALCIUM/ SERUM LIPASE | 35,300 | 35,300 |
| 25. | 5/01/2024 | ABDOMINAL CT SCAN | 78,080 | 78,080 |
| 26. | 5/01/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 6 | 120,000 | 120,000 |
| 27. | 6/01/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 7 | 120,000 | 120,000 |
| 28. | 7/1/2024 | BRAIN MRI SCAN | 250,000 | 250,000 |
| 29. | 7/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 8 | 120,000 | 120,000 |
| 30. | 7/1/2024 | **LABORATORY TEST:** TOTAL CALCIUM/RENAL FUNCTION TEST | 18,600 | 18,600 |

| | | | | |
|---|---|---|---|---|
| 31. | 8/1/2024 | EXTERNAL NEUROLOGY FOLLOWUP | 40,000 | 40,000 |
| 32. | 8/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 9 | 120,000 | 120,000 |
| 33. | 9/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 10 | 120,000 | 120,000 |
| 34. | 10/1/2024 | EXTERNAL NEUROLOGY FOLLOWUP | 40,000 | 40,000 |
| 35. | 10/1/2024 | PHARMACY & TREATMENT | 300,600 | 300,600 |
| 36. | 11/1/2024 | EXTERNAL NEPHROLOGY FOLLOW-UP | 40,000 | 40,000 |
| 37. | 11/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 11 | 120,000 | 120,000 |
| 38. | 11/1/2024 | IN-HOUSE PHYSIOTHERAPY CONSULTATION | 50,000 | 50,000 |
| 39. | 11/1/2024 | ASK RESTAURANT (FEEDING) | 15,500 | 15,500 |
| 40. | 12/1/2024 | EXTERNAL PSYCHIATRIC CONSULTANT VISIT | 50,000 | 50,000 |
| 41. | 12/1/2024 | EXTERNAL NEUROLOGY FOLLOW-UP | 40,000 | 40,000 |
| 42. | 12/1/2024 | PHYSIO AIR MATTRESS | 150,000 | 150,000 |
| 43. | 12/1/2024 | PHYSIOTHERAPY CONSULTATION | 50,000 | 50,000 |
| 44. | 12/1/2024 | **PHYSIO SESSIONS:**<br>THERAPEUTIC MUSCLE STIMULATION SESSION<br><br>SOFT TISSUE MOBILIZATION SESSION<br><br>COMBINED ADDITIONAL THERAPIES | <br>25,000<br><br>25,000<br><br>30,000 | <br>25,000<br><br>25,000<br><br>30,000 |
| 45. | 12/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 12 | 120,000 | 120,000 |
| 46. | 12/1/2024 | PHARMACY/TREATMENT | 12,500 | 12,500 |
| 47. | 13/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 13 | 120,000 | 120,000 |

| | | | | |
|---|---|---|---|---|
| 48. | 13/1/2024 | ASK RESTAURANT (FEEDING) | 18,500 | 18,500 |
| 49. | 13/1/2024 | PHARMACY & TREATMENT | 69,420 | 69,420 |
| 50. | 14/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 14 | 120,000 | 120,000 |
| 51. | 15/1/2024 | NURSING CARE/OBSERVATION/ADMISSION DAY 15 | 120,000 | 120,000 |
| 52. | 16/1/2024 | KAT KAT TAT | 800 | 800 |
| 53. | 16/1/2024 | MILK COOKIES | 150 | 150 |
| 54. | 16/1/2024 | MUSTAKA GUM PIECE | 400 | 400 |
| 55. | 16/1/2024 | COKE | 1200 | 1200 |
| 56. | 16/1/2024 | 5% DEXTROSE SALINE | 850 | 850 |
| 57. | 16/1/2024 | COKE | 300 | 300 |
| 58. | 16/1/2024 | HALOPERIDOL TABS | 100 | 100 |
| 59. | 16/1/2024 | RIBENA | 1300 | 1300 |
| **Amount in words:**<br>**THREE MILLION, NINE HUNDRED AND FIVE THOUSAND, TWO HUNDRED AND SIXTY NAIRA ONLY.** | | | **TOTAL BILL** | **₦3,905,260** |

**PAYMENT DETAILS ARE AS FOLLOWS:**
**BANK NAME: GUARANTY TRUST BANK**
**ACCOUNT NUMBER: 0676037598**
**KINDLY SHARE THE TRANSACTION RECEIPT TO THE WHATSAPP NUMBER BELOW**

*Thank you for choosing Ask Medicals!*

**CONTACT DETAILS**
**Address: No 15 Mississippi Street Maitama, Off Alvan Ikoku Way.**
**TEL: (+234) 7081 555 999**
**Web: www.ask-mdc.com**