



Government of Nepal
 Ministry of Health and Population
Bheri Hospital
 Nepalgunj, Banke



Billing Requisition Form

Date: ___/___/___

Name:

Ward :

Age/Sex :

Bed No.

Hospital No:

IP No:

Particular		Days/Qty.	Amount	Remarks
Bed Charge	General			
	(N) ICU			
	Cabin			
OT Charge	Major			
	Intermediate			
	Minor			
	Others			
Supportive Services	Ventilator			
	Oxygen			
	ABG			
	ECG/Echo			
	USG			
	X-Ray			
	CT Scan/MRI			
Safe Abortion	1 st tri/2 nd tri/PAC			
Cath Lab	CAG			
	PCI			
	Stent 1 / 2			
	TPI / PPI			
	Pericardiocentesis			
Others (Specify)				

- Charity : SSU Aama Surakshya OCMC
 Geriatric Safe Abortion Management Discretion
 Bipanna ER Free

Recommended By: _____ Approved By: _____