IN PATIENT DETAILED BILL

Patient Name	: **Mr.SAMPATH D**	Patient Id	:	**MHI202380667**	
Patient Type	: IP	Bill No	:	MMH/HM/IPH00599	
Gender	: Male	IP No	:	IPH202302591	
Age	: 66 Y 6 M 18 D	Ward/Bed	:	CCU / SD ICU-4	
Doctor Name	: Dr.CM THIAGARAJAN	DOA	:	24/12/2023	8:20PM
Speciality	: NEPHROLOGY	DOD	:	26/12/2023	8:25PM
Entity Type	: CASH	Bill Date	:	26/12/2023	
Payer	: CASH				

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ADMINISTRATION CHARGES					
1	25/12/2023	ADMISSION CHARGES MWC	1.00	₹ 400.00	₹ 400.00
2	25/12/2023	ADMINISTRATION CHARGES	1.00	₹ 200.00	₹ 200.00
BED CHARGES					
3	26/12/2023	BED CHARGES - CORONARY CARE UNIT	1.00 days	₹ 7,500.00	₹ 7,500.00
DIALYSIS CHARGE					
4	25/12/2023	DIALYSIS CHARGES HEART INSTITUTE	1.00	₹ 5,000.00	₹ 5,000.00
DIET CHARGES					
5	25/12/2023	DIETICIAN FEES - IP	1.00	₹ 500.00	₹ 500.00
6	25/12/2023	DIET CHARGES	1.00	₹ 920.00	₹ 920.00
EQUIPMENT					
7	25/12/2023	VENTILATOR CHARGE ½ DAY	1.00	₹ 6,000.00	₹ 6,000.00
8	25/12/2023	OXYGEN CHARGE 1 DAY	1.00	₹ 3,000.00	₹ 3,000.00
9	25/12/2023	NEBULIZER CHARGE	4.00	₹ 300.00	₹ 1,200.00
10	25/12/2023	NEBULIZER CHARGE	5.00	₹ 300.00	₹ 1,500.00
11	25/12/2023	MONITOR CHARGE 1 DAY	1.00	₹ 1,000.00	₹ 1,000.00
GENERAL PROCEDURE					
12	25/12/2023	NUTRITIONAL ASSESSMENT CHARGES	1.00	₹ 500.00	₹ 500.00
INTENSIVIST CHARGES					
13	25/12/2023	INTENSIVIST PROFESSIONAL CHARGES	1.00	₹ 3,000.00	₹ 3,000.00
LABORATORY					
14	25/12/2023	POTASSIUM (k +)	1.00	₹ 413.00	₹ 413.00
15	24/12/2023	LIVER FUNCTION TEST	1.00	₹ 1,000.00	₹ 1,000.00
16	24/12/2023	CBG. (Capillary Blood Glucose)	1.00	₹ 165.00	₹ 165.00
17	24/12/2023	RENAL FUNCTION TEST	1.00	₹ 1,750.00	₹ 1,750.00
18	25/12/2023	CBG. (Capillary Blood Glucose)	1.00	₹ 165.00	₹ 165.00
19	24/12/2023	NT- pro BNP	1.00	₹ 3,000.00	₹ 3,000.00
20	24/12/2023	CBC	1.00	₹ 813.00	₹ 813.00
MEDICAL RECORD CHARGE					

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
21	25/12/2023	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00
NURSING CHARGE							
22	25/12/2023	NURSING CHARGE - ICU	1.00	₹	2,000.00	₹	2,000.00
OP REGISTRATION							
23	25/12/2023	REGISTRATION CHARGES	1.00	₹	150.00	₹	150.00
PHARMACY CHARGE							
24	25/12/2023	PHARMACY CHARGE	1.00	₹	9,304.00	₹	9,304.00
PROFESSIONAL TEAM FEES							
25	25/12/2023	PROFESSIONAL FEES(Dr.CM THIAGARAJAN)	2.00	₹	2,500.00	₹	5,000.00
RADIOLOGY							
26	25/12/2023	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	400.00	₹	400.00
27	25/12/2023	CHEST X-RAY - BEDSIDE	1.00	₹	750.00	₹	750.00

Gross Amount	₹	**55,830.00**
Net Payable	₹	**55,830.00**
Advance Amount	₹	**55,830.00**
Received Amount	₹	**0.00**

Received Amount In Words : Fifty-Five Thousand Eight Hundred Thirty Only

SANTHOSH

Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/12/2023	MMH/HM/RECAP00659	UPI	Advance Amount	30,000.00
2	25/12/2023	MMH/HM/RECAP00663	UPI	Advance Amount	25,830.00