IN PATIENT DETAILED BILL

Patient Name	: **Mrs.UNGARALA SATYANARA**	Patient Id	:	**MHK202300608**
Patient Type	: IP	Bill No	:	MMH/KM/IPK00044
Gender	: Female	IP No	:	IPK000048
Age	: 85 Y 0 M 1 D	Ward/Bed	:	MICU / MICU - A
Doctor Name	: Dr.KRISHNA PRITHVI	DOA	:	27/12/2023 11:18AM
Speciality	: PULMONOLOGIST	DOD	:	
Entity Type	: CASH	Bill Date	:	28/12/2023
Payer	: CASH			

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ADMINISTRATION CHARGES					
1	27/12/2023	REGISTRATION CHARGES	1.00	₹ 50.00	₹ 50.00
BED CHARGES					
2	28/12/2023	BED CHARGES - MICU	1.00 days	₹ 9,000.00	₹ 9,000.00
BLOOD COMPONENTS					
3	28/12/2023	BLOOD TRANSFUSION	1.00	₹ 1,500.00	₹ 1,500.00
CASUALTY					
4	28/12/2023	CONSULTATION	1.00	₹ 1,000.00	₹ 1,000.00
EQUIPMENT					
5	28/12/2023	VENTILATOR NIV CHARGE	1.00	₹ 7,000.00	₹ 7,000.00
6	28/12/2023	NEBULIZER CHARGE	3.00	₹ 150.00	₹ 450.00
LABORATORY					
7	27/12/2023	ELECTROLYTES	1.00	₹ 938.00	₹ 938.00
8	27/12/2023	UREA	1.00	₹ 125.00	₹ 125.00
9	27/12/2023	ABG BLOOD GAS	1.00	₹ 900.00	₹ 900.00
10	27/12/2023	URIC ACID	1.00	₹ 500.00	₹ 500.00
11	27/12/2023	CREATININE	1.00	₹ 125.00	₹ 125.00
12	27/12/2023	ABG BLOOD GAS	1.00	₹ 900.00	₹ 900.00
13	27/12/2023	URINE ROUTINE ANALYSIS	1.00	₹ 225.00	₹ 225.00
14	27/12/2023	ABSOLUTE EOSINOPHIL COUNT	1.00	₹ 300.00	₹ 300.00
15	27/12/2023	CBC	1.00	₹ 350.00	₹ 350.00
16	27/12/2023	RAPID ANTIGEN FOR COVID (OP)	1.00	₹ 813.00	₹ 813.00
17	27/12/2023	IgE (IMMUNOGLOBULIN E)	1.00	₹ 1,500.00	₹ 1,500.00
18	27/12/2023	IgE (IMMUNOGLOBULIN E)	1.00	₹ 1,500.00	₹ 1,500.00
19	27/12/2023	COVID 19 ANTIBODY(QUANTITATIVE)	1.00	₹ 2,250.00	₹ 2,250.00
20	27/12/2023	C.R.P. (C-Reactive Protein)	1.00	₹ 750.00	₹ 750.00
21	27/12/2023	HCV (CLIA)	1.00	₹ 1,800.00	₹ 1,800.00
22	27/12/2023	HIV I AND II (ELISA)	1.00	₹ 2,250.00	₹ 2,250.00
23	27/12/2023	HBsAg (Elisa)	1.00	₹ 1,500.00	₹ 1,500.00
RADIOLOGY					
24	28/12/2023	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹ 400.00	₹ 400.00

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ULTRASOUND					
25	28/12/2023	ECHO - (IP)	1.00	₹ 2,500.00	₹ 2,500.00

Gross Amount	₹	**38,626.00**
Net Payable	₹	**38,626.00**
Advance Amount	₹	**20,000.00**
Received Amount	₹	**18,626.00**

Received Amount In Words : Thirty-Eight Thousand Six Hundred Twenty-Six Only

TRIPURARI MALLIKARJUN
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/12/2023	MMH/KM/RECAP00105	CARD	Advance Amount	20,000.00
2	28/12/2023	MMH/KM/RECBD00856	CARD	Collected Amount	18,626.00