IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.AZMATUNNISA**	Patient Id	:	**MHK202300624**
Patient Type	:	IP	Bill No	:	MMH/KM/IPK202400006
Gender	:	Female	IP No	:	IPK000050
Age	:	67 Y 0 M 5 D	Ward/Bed	:	SINGLE ROOM NON AC / 10
Doctor Name	:	Dr.KRISHNA PRITHVI	DOA	:	28/12/2023 9:02PM
Speciality	:	PULMONOLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	04/01/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	01/01/2024	REGISTRATION CHARGES	1.00	₹	50.00	₹	50.00
BED CHARGES							
2	01/04/2024	BED CHARGES - SINGLE ROOM	2.00 days	₹	3,000.00	₹	6,000.00
3	01/04/2024	BED CHARGES - SICU	6.00 days	₹	9,000.00	₹	54,000.00
BLOOD COMPONENTS							
4	01/04/2024	BLOOD TRANSFUSION	1.00	₹	1,500.00	₹	1,500.00
CASUALTY							
5	01/04/2024	CONSULTATION	8.00	₹	1,000.00	₹	8,000.00
EQUIPMENT							
6	01/04/2024	VENTILATOR NIV CHARGE	4.00	₹	7,000.00	₹	28,000.00
7	01/04/2024	NEBULIZER CHARGE	6.00	₹	150.00	₹	900.00
8	01/04/2024	OXYGEN CHARGE 1 DAY	3.00	₹	3,000.00	₹	9,000.00
GENERAL PROCEDURE							
9	01/04/2024	CATHETERIZATION CHARGES	1.00	₹	599.00	₹	599.00
LABORATORY							
10	28/12/2023	URIC ACID	1.00	₹	500.00	₹	500.00
11	29/12/2023	ABG BLOOD GAS	1.00	₹	900.00	₹	900.00
12	01/02/2024	CREATININE	1.00	₹	125.00	₹	125.00
13	01/02/2024	ELECTROLYTES	1.00	₹	938.00	₹	938.00
14	31/12/2023	ABG BLOOD GAS	1.00	₹	900.00	₹	900.00
15	01/01/2024	ABG BLOOD GAS	1.00	₹	900.00	₹	900.00
16	01/03/2024	ABG BLOOD GAS	1.00	₹	900.00	₹	900.00
17	28/12/2023	ELECTROLYTES	1.00	₹	938.00	₹	938.00
18	01/02/2024	ABG BLOOD GAS	1.00	₹	900.00	₹	900.00
19	28/12/2023	CALCIUM	1.00	₹	300.00	₹	300.00
20	29/12/2023	ABG BLOOD GAS	1.00	₹	900.00	₹	900.00
21	28/12/2023	CREATININE	1.00	₹	125.00	₹	125.00
22	31/12/2023	ABG BLOOD GAS	1.00	₹	900.00	₹	900.00
23	29/12/2023	GLUCOSE (RANDOM)	1.00	₹	188.00	₹	188.00
24	30/12/2023	ABG BLOOD GAS	1.00	₹	900.00	₹	900.00
25	28/12/2023	UREA	1.00	₹	125.00	₹	125.00
26	28/12/2023	HbA1c	1.00	₹	938.00	₹	938.00

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
27	28/12/2023	URINE ROUTINE ANALYSIS	1.00	₹	225.00	₹	225.00
28	28/12/2023	CBC	1.00	₹	438.00	₹	438.00
29	01/02/2024	HAEMOGLOBIN	1.00	₹	63.00	₹	63.00
30	28/12/2023	ABSOLUTE EOSINOPHIL COUNT	1.00	₹	300.00	₹	300.00
31	31/12/2023	TOTAL WBC COUNT	1.00	₹	150.00	₹	150.00
32	01/02/2024	TOTAL WBC COUNT	1.00	₹	150.00	₹	150.00
33	28/12/2023	BLOOD GROUP and RH TYPE	1.00	₹	225.00	₹	225.00
34	31/12/2023	HAEMOGLOBIN	1.00	₹	63.00	₹	63.00
35	28/12/2023	ANA (ANTI NUCLEAR ANTIBODY)	1.00	₹	1,575.00	₹	1,575.00
36	29/12/2023	RAPID ANTIGEN FOR COVID (OP)	1.00	₹	813.00	₹	813.00
37	31/12/2023	GRAM STAIN	1.00	₹	300.00	₹	300.00
38	31/12/2023	SPUTUM CULTURE & SENSITIVITY	1.00	₹	750.00	₹	750.00
39	31/12/2023	SPUTUM FOR AFB STAIN	1.00	₹	450.00	₹	450.00
40	01/04/2024	HBsAg	1.00	₹	300.00	₹	300.00
41	01/04/2024	ANTI HCV	1.00	₹	480.00	₹	480.00
42	01/04/2024	HIV I & II	1.00	₹	420.00	₹	420.00
43	01/02/2024	C.R.P. (C-Reactive Protein)	1.00	₹	750.00	₹	750.00
44	28/12/2023	C.R.P. (C-Reactive Protein)	1.00	₹	750.00	₹	750.00
RADIOLOGY							
45	01/04/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	400.00	₹	400.00
ULTRASOUND							
46	01/04/2024	ECHO - (IP)	1.00	₹	2,000.00	₹	2,000.00

Gross Amount	₹	**130,028.00**
Net Payable	₹	**130,028.00**
Advance Amount	₹	**130,028.00**
Received Amount	₹	**0.00**

Received Amount In Words : One Lakh Thirty Thousand Twenty-Eight Only

TRIPURARI MALLIKARJUN
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/KM/RECAP00112	UPI	Advance Amount	30,000.00
2	01/01/2024	MMH/KM/RECAP2024000(	CASH	Advance Amount	15,000.00
3	01/01/2024	MMH/KM/RECAP2024000(	UPI	Advance Amount	5,000.00
4	03/01/2024	MMH/KM/RECAP2024000(	CARD	Advance Amount	60,000.00
5	04/01/2024	MMH/KM/RECAP2024000	UPI	Advance Amount	20,028.00