IN PATIENT DETAILED BILL

Patient Name	: **Mr.THIYAGARAJAN.V**		Patient Id	:	**MKB202400009**
Patient Type	: IP		Bill No	:	MMH/MK/IP202400003
Gender	: Male		IP No	:	IPKB2024000003
Age	: 45 Y 0 M 2 D		Ward/Bed	:	TWIN SHARING A/C / 212 - A
Doctor Name	: Dr.PRAVEEN		DOA	:	01/01/2024 11:30AM
Speciality	: INTESIVISIT & DIABETALOGI		DOD	:	
Entity Type	: CASH		Bill Date	:	03/01/2024
Payer	: CASH				

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	01/02/2024	ADMISSION CHARGES MWC	1.00	₹	150.00	₹	150.00
BED CHARGES							
2	01/03/2024	TWIN SHARING A/C	2.00 days	₹	1,500.00	₹	3,000.00
DUTY MEDICAL OFFICER CHARGE							
3	01/02/2024	DMO	2.00	₹	400.00	₹	800.00
LABORATORY							
4	01/01/2024	GLUCOSE (RANDOM)	1.00	₹	50.00	₹	50.00
5	01/01/2024	LIVER FUNCTION TEST	1.00	₹	600.00	₹	600.00
6	01/01/2024	ELECTROLYTES	1.00	₹	450.00	₹	450.00
7	01/01/2024	CREATININE	1.00	₹	100.00	₹	100.00
8	01/01/2024	UREA	1.00	₹	100.00	₹	100.00
9	01/02/2024	CBG. (Capillary Blood Glucose)	1.00	₹	100.00	₹	100.00
10	01/01/2024	CBC	1.00	₹	420.00	₹	420.00
11	01/01/2024	aPTT	1.00	₹	500.00	₹	500.00
12	01/01/2024	PROTHROMBIN TIME	1.00	₹	300.00	₹	300.00
13	01/02/2024	SEROLOGY (HIV/HBSAG/ANTI HCV)	1.00	₹	720.00	₹	720.00
MEDICAL RECORD CHARGE							
14	01/02/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00
NURSING CHARGE							
15	01/03/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
16	01/03/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
17	01/02/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
18	01/03/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
PROFESSIONAL TEAM FEES							
19	01/03/2024	PROFESSIONAL FEES(Dr.PRAVEEN)	1.00	₹	1,500.00	₹	1,500.00
20	01/03/2024	PROFESSIONAL FEES(Dr.N.MOHAMMED NIYAMATHULLAH)	1.00	₹	750.00	₹	750.00

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
21	01/03/2024	PROFESSIONAL FEES(Dr.S.JAMUNA)	1.00	₹	1,000.00	₹	1,000.00
RADIOLOGY							
22	01/01/2024	ECG - OP	1.00	₹	200.00	₹	200.00

Gross Amount	₹	**11,840.00**
Net Payable	₹	**11,840.00**
Advance Amount	₹	**5,920.00**
Received Amount	₹	**5,920.00**

Received Amount In Words : Eleven Thousand Eight Hundred Forty Only

MANIMEGALAI.T

Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/01/2024	MMH/MK/RECH20240000	CASH	Advance Amount	1,920.00
2	02/01/2024	MMH/MK/RECH20240000	UPI	Advance Amount	4,000.00
3	03/01/2024	MMH/MK/REDH20240006	UPI	Collected Amount	5,920.00