IN PATIENT DETAILED BILL

Patient Name	:	**B/O.JERINA BEGAM.K**	Patient Id	:	**MKB202400016**
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400011
Gender	:	Female	IP No	:	IPKB2024000004
Age	:	0 Y 0 M 4 D	Ward/Bed	:	SINGLE ROOM A/C / 211
Doctor Name	:	Dr.S.MAHESHWARAN	DOA	:	01/01/2024 4:15PM
Speciality	:	NEONATOLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	05/01/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ACCOMMODATION							
1	01/05/2024	ATTENDER BED/ROOM OCCUPIED	1.00	₹	1,600.00	₹	1,600.00
ADMINISTRATION CHARGES							
2	01/02/2024	ADMISSION CHARGES MWC	1.00	₹	150.00	₹	150.00
BED CHARGES							
3	01/05/2024	BED CHARGES - NICU	3.00 days	₹	4,100.00	₹	12,300.00
4	01/05/2024	BED CHARGES - SINGLE ROOM	1.00 days	₹	2,000.00	₹	2,000.00
EQUIPMENT							
5	01/04/2024	PHOTOTHERAPY	1.00	₹	1,500.00	₹	1,500.00
6	01/02/2024	SYRINGE PUMP CHARGE	1.00	₹	500.00	₹	500.00
7	01/02/2024	MONITOR CHARGE 1 DAY	1.00	₹	600.00	₹	600.00
8	01/04/2024	MONITOR CHARGE 1 DAY	1.00	₹	600.00	₹	600.00
9	01/03/2024	OXYGEN PER HOUR	5.00	₹	350.00	₹	1,750.00
10	01/03/2024	SYRINGE PUMP CHARGE	1.00	₹	500.00	₹	500.00
11	01/03/2024	MONITOR CHARGE 1 DAY	1.00	₹	600.00	₹	600.00
12	01/05/2024	OXYGEN PER HOUR	1.00	₹	350.00	₹	350.00
GENERAL PROCEDURE							
13	01/02/2024	RYLES TUBE ASPIRATION	1.00	₹	200.00	₹	200.00
LABORATORY							
14	01/04/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
15	01/03/2024	BILIRUBIN - TOTAL	1.00	₹	180.00	₹	180.00
16	01/03/2024	BILIRUBIN - INDIRECT	1.00	₹	72.00	₹	72.00
17	01/05/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
18	01/01/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
19	01/01/2024	CALCIUM	1.00	₹	216.00	₹	216.00
20	01/02/2024	CBG. (Capillary Blood Glucose)	3.00	₹	120.00	₹	360.00
21	01/02/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
22	01/03/2024	BILIRUBIN - DIRECT	1.00	₹	72.00	₹	72.00
23	01/03/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
24	01/02/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
25	01/02/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
26	01/01/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
27	01/03/2024	TSH 3rd Generation (hs TSH)	1.00	₹	864.00	₹	864.00

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
28	01/01/2024	BLOOD GROUP and RH TYPE	1.00	₹	174.00	₹	174.00
29	01/01/2024	CBC	1.00	₹	504.00	₹	504.00
30	01/03/2024	PLATELET COUNT	1.00	₹	120.00	₹	120.00
31	01/01/2024	C.R.P. (C-Reactive Protein)	1.00	₹	720.00	₹	720.00
32	01/03/2024	C.R.P. (C-Reactive Protein)	1.00	₹	720.00	₹	720.00
MEDICAL RECORD CHARGE							
33	01/02/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00
NURSING CHARGE							
34	01/04/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
35	01/05/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
36	01/03/2024	NURSING CHARGES	1.00	₹	500.00	₹	500.00
37	01/03/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
38	01/05/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
39	01/04/2024	NURSING CHARGES	1.00	₹	500.00	₹	500.00
40	01/02/2024	NURSING CHARGES	1.00	₹	500.00	₹	500.00
41	01/02/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
OTHERS							
42	01/05/2024	ANCILLARY INSTRUMENT CHARGE	1.00	₹	1,000.00	₹	1,000.00
PROFESSIONAL TEAM FEES							
43	01/05/2024	PROFESSIONAL FEES(Dr.S.MAHESHWARAN)	1.00	₹	12,000.00	₹	12,000.00
RADIOLOGY							
44	01/01/2024	CHEST X-RAY - BEDSIDE	1.00	₹	540.00	₹	540.00

Gross Amount	₹	**43,902.00**
Net Payable	₹	**43,902.00**
Advance Amount	₹	**33,000.00**
Received Amount	₹	**10,902.00**

Received Amount In Words : Forty-Three Thousand Nine Hundred Two Only

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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	15,000.00
2	04/01/2024	MMH/MK/RECH20240003	UPI	Advance Amount	18,000.00
3	05/01/2024	MMH/MK/REDH20240012	UPI	Collected Amount	10,902.00