IN PATIENT DETAILED BILL (DUPLICATE - COPY)

Patient Name	:	**Mr.MANISEKARAN.S**	Patient Id	:	**MKB202400021**
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400014
Gender	:	Male	IP No	:	IPKB2024000009
Age	:	60 Y 0 M 5 D	Ward/Bed	:	GENERAL WARD / GW - 1
Doctor Name	:	Dr.S.JAMUNA	DOA	:	02/01/2024 12:40PM
Speciality	:	ANAESTHETIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	06/01/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
OTHERS							
1	01/03/2024	ADMISSION CHARGES MWC	1.00	₹	150.00	₹	150.00
					Sub Total:		**₹150.00**
BED CHARGES							
BED CHARGES							
2	01/06/2024	BED CHARGES - GENERAL WARD	4.00 days	₹	1,000.00	₹	4,000.00
					Sub Total:		**₹4,000.00**
DUTY MEDICAL OFFICER CHARGE							
DUTY MEDICAL OFFICER CHARGE							
3	01/04/2024	DMO	1.00	₹	400.00	₹	400.00
4	01/03/2024	DMO	1.00	₹	400.00	₹	400.00
5	01/06/2024	DMO	1.00	₹	400.00	₹	400.00
6	01/05/2024	DMO	1.00	₹	400.00	₹	400.00
					Sub Total:		**₹1,600.00**
LABORATORY							
BIOCHEMISTRY							
7	01/02/2024	UREA	1.00	₹	100.00	₹	100.00
8	01/02/2024	CREATININE	1.00	₹	100.00	₹	100.00
9	01/04/2024	LIVER FUNCTION TEST	1.00	₹	600.00	₹	600.00
CLINICAL PATHOLOGY							
10	01/03/2024	URINE ROUTINE ANALYSIS	1.00	₹	80.00	₹	80.00
HAEMATOLOGY							
11	01/06/2024	CBC	1.00	₹	420.00	₹	420.00
12	01/02/2024	ESR	1.00	₹	200.00	₹	200.00
13	01/04/2024	MF BY QBC	1.00	₹	240.00	₹	240.00
14	01/04/2024	CBC	1.00	₹	420.00	₹	420.00
15	01/04/2024	MP TEST by QBC	1.00	₹	250.00	₹	250.00
SEROLOGY							
16	01/02/2024	DENGUE IG G ELFA	1.00	₹	960.00	₹	960.00
17	01/02/2024	DENGUE IG M ELFA	1.00	₹	960.00	₹	960.00

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
18	01/04/2024	C.R.P. (C-Reactive Protein)	1.00	₹	600.00	₹	600.00
19	01/02/2024	DENGUE NS1 ELFA	1.00	₹	240.00	₹	240.00
20	01/02/2024	WIDAL SLIDE	1.00	₹	200.00	₹	200.00
					Sub Total:		**₹5,370.00**
MEDICAL RECORD CHARGE							
MEDICAL RECORD CHARGE							
21	01/03/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00
					Sub Total:		**₹200.00**
NURSING CHARGE							
NURSING CHARGE							
22	01/04/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
23	01/06/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
24	01/05/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
25	01/06/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
26	01/03/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
27	01/03/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
28	01/05/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
29	01/04/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
					Sub Total:		**₹1,800.00**
PROFESSIONAL TEAM FEES							
PROFESSIONAL TEAM FEES							
30	01/06/2024	PROFESSIONAL FEES(Dr.RAMANUJAM)	1.00	₹	1,500.00	₹	1,500.00
31	01/06/2024	PROFESSIONAL FEES(Dr.S.JAMUNA)	1.00	₹	2,500.00	₹	2,500.00
					Sub Total:		**₹4,000.00**
RADIOLOGY							
CT SCAN							
32	01/06/2024	CT ABDOMEN - IP	1.00	₹	3,500.00	₹	3,500.00
ECG							
33	01/02/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	350.00	₹	350.00
X-RAY							
34	01/06/2024	Chest X-Ray	1.00	₹	350.00	₹	350.00
					Sub Total:		**₹4,200.00**

Gross Amount	₹	**21,320.00**
Net Payable	₹	**21,320.00**
Advance Amount	₹	**6,500.00**
Received Amount	₹	**14,820.00**

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount

Received Amount In Words : Twenty-One Thousand Three Hundred Twenty Only

DHIVYA.P

Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2024-01-03 15:33:33.6566667	MMH/MK/RECH20240001	UPI	Advance Amount	6,500.00
2	2024-01-06 16:02:47.9900000	MMH/MK/REDH20240015	CASH	Collected Amount	14,820.00