IN PATIENT DETAILED BILL

Patient Name	:	**Mr.THULASIRAMAN.G**	Patient Id	:	**MKB202400026**
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400010
Gender	:	Male	IP No	:	IPKB2024000007
Age	:	75 Y 0 M 3 D	Ward/Bed	:	TWIN SHARING A/C / 214 - I
Doctor Name	:	Dr.M.BALAPRAKASH	DOA	:	02/01/2024 8:30AM
Speciality	:	ANAESTHETIST AND INTENS	DOD	:	
Entity Type	:	CASH	Bill Date	:	05/01/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	01/03/2024	ADMISSION CHARGES MWC	1.00	₹	150.00	₹	150.00
BED CHARGES							
2	01/05/2024	BED CHARGE - ICU	2.00 days	₹	4,100.00	₹	8,200.00
3	01/05/2024	TWIN SHARING A/C	1.00 days	₹	1,500.00	₹	1,500.00
DUTY MEDICAL OFFICER CHARGE							
4	01/05/2024	DMO	1.00	₹	400.00	₹	400.00
5	01/04/2024	DMO	1.00	₹	400.00	₹	400.00
6	01/03/2024	DMO	1.00	₹	400.00	₹	400.00
EQUIPMENT							
7	01/03/2024	MONITOR CHARGE 1 DAY	1.00	₹	600.00	₹	600.00
8	01/04/2024	MONITOR CHARGE 1 DAY	1.00	₹	600.00	₹	600.00
INTENSIVIST CHARGES							
9	01/05/2024	INTENSIVIST PROFESSIONAL CHARGES	1.00	₹	5,500.00	₹	5,500.00
LABORATORY							
10	01/04/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
11	01/03/2024	LIPID PROFILE	1.00	₹	576.00	₹	576.00
12	01/04/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
13	01/03/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
14	01/03/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
15	01/03/2024	GLUCOSE (FASTING)	1.00	₹	60.00	₹	60.00
16	01/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
17	01/03/2024	CBG. (Capillary Blood Glucose)	2.00	₹	120.00	₹	240.00
18	01/05/2024	CBG. (Capillary Blood Glucose)	1.00	₹	100.00	₹	100.00
19	01/03/2024	TROP I (QUANTITATIVE)	1.00	₹	3,888.00	₹	3,888.00
20	01/02/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
21	01/04/2024	GLUCOSE (FASTING)	1.00	₹	60.00	₹	60.00
22	01/03/2024	URINE COMPLETE EXAMINATION	1.00	₹	240.00	₹	240.00
23	01/03/2024	T4 (FREE)	1.00	₹	150.00	₹	150.00
24	01/03/2024	T3 (FREE)	1.00	₹	252.00	₹	252.00
MEDICAL RECORD CHARGE							
25	01/03/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
NURSING CHARGE					
26	01/04/2024	NURSING CHARGES ICU	1.00	₹ 350.00	₹ 350.00
27	01/05/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹ 200.00	₹ 200.00
28	01/03/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹ 200.00	₹ 200.00
29	01/04/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹ 200.00	₹ 200.00
30	01/05/2024	NURSING CHARGES	1.00	₹ 250.00	₹ 250.00
31	01/03/2024	NURSING CHARGES ICU	1.00	₹ 350.00	₹ 350.00
PROFESSIONAL FEES					
32	01/05/2024	PROFESSIONAL FEES(Dr.S.JAMUNA)	1.00	₹ 3,500.00	₹ 3,500.00
PROFESSIONAL TEAM FEES					
33	01/05/2024	PROFESSIONAL FEES(Dr.R.MUTHUKUMAR)	1.00	₹ 750.00	₹ 750.00
RADIOLOGY					
34	01/02/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹ 350.00	₹ 350.00
35	01/03/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹ 350.00	₹ 350.00
36	01/02/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹ 350.00	₹ 350.00
37	01/05/2024	ECG (ELECTROCARDIOGRAM) (IP)	2.00	₹ 350.00	₹ 700.00
38	01/03/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹ 350.00	₹ 350.00
39	01/04/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹ 350.00	₹ 350.00
40	01/02/2024	CHEST X-RAY - BEDSIDE	1.00	₹ 540.00	₹ 540.00
41	01/03/2024	LUMBARSACRAL SPINE AP & LAT	1.00	₹ 840.00	₹ 840.00
ULTRASOUND					
42	01/03/2024	ECHO - (IP)	1.00	₹ 2,000.00	₹ 2,000.00

Gross Amount	₹	**36,706.00**
Net Payable	₹	**36,706.00**
Advance Amount	₹	**30,500.00**
Received Amount	₹	**6,206.00**

Received Amount In Words : Thirty-Six Thousand Seven Hundred Six Only

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Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/MK/RECH20240000	CASH	Advance Amount	10,000.00
2	03/01/2024	MMH/MK/RECH20240001	CASH	Advance Amount	7,500.00
3	04/01/2024	MMH/MK/RECH20240003	CASH	Advance Amount	13,000.00
4	05/01/2024	MMH/MK/REDH20240012	CASH	Collected Amount	6,206.00