IN PATIENT DETAILED BILL

Patient Name	:	**Mr.ARAVIND.R**	Patient Id	:	**MKB202400028**
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400023
Gender	:	Male	IP No	:	IPKB2024000008
Age	:	30 Y 0 M 6 D	Ward/Bed	:	TWIN SHARING A/C / 212 - A
Doctor Name	:	Dr.S.JAMUNA	DOA	:	02/01/2024 11:50AM
Speciality	:	ANAESTHETIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	08/01/2024
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	01/08/2024	BED CHARGE - ICU	2.00 days	₹	4,100.00	₹	8,200.00
3	01/08/2024	TWIN SHARING A/C	1.00 days	₹	1,500.00	₹	1,500.00
4	01/08/2024	TWIN SHARING A/C	3.50 days	₹	1,500.00	₹	5,250.00
DUTY MEDICAL OFFICER CHARGE							
5	01/04/2024	DMO	1.00	₹	400.00	₹	400.00
6	01/05/2024	DMO	1.00	₹	400.00	₹	400.00
7	01/08/2024	DMO	1.00	₹	400.00	₹	400.00
8	01/08/2024	DMO	1.00	₹	400.00	₹	400.00
9	01/06/2024	DMO	1.00	₹	400.00	₹	400.00
10	01/07/2024	DMO	1.00	₹	400.00	₹	400.00
11	01/03/2024	DMO	1.00	₹	400.00	₹	400.00
EQUIPMENT							
12	01/06/2024	MONITOR CHARGE 1 DAY	1.00	₹	600.00	₹	600.00
13	01/07/2024	MONITOR CHARGE 1 DAY	1.00	₹	600.00	₹	600.00
INTENSIVIST CHARGES							
14	01/06/2024	INTENSIVIST PROFESSIONAL CHARGES	1.00	₹	3,000.00	₹	3,000.00
15	01/07/2024	INTENSIVIST PROFESSIONAL CHARGES	1.00	₹	3,000.00	₹	3,000.00
LABORATORY							
16	01/06/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
17	01/06/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
18	01/03/2024	LIVER FUNCTION TEST	1.00	₹	600.00	₹	600.00
19	01/06/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
20	01/07/2024	GLUCOSE (FASTING)	1.00	₹	60.00	₹	60.00
21	01/02/2024	LIVER FUNCTION TEST	1.00	₹	600.00	₹	600.00
22	01/06/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
23	01/06/2024	GLUCOSE (FASTING)	1.00	₹	60.00	₹	60.00
24	01/06/2024	PCV (HAEMATOCRIT)	1.00	₹	144.00	₹	144.00
25	01/06/2024	PLATELET COUNT	1.00	₹	120.00	₹	120.00
26	01/05/2024	MF BY QBC	1.00	₹	240.00	₹	240.00

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
27	01/06/2024	PCV (HAEMATOCRIT)	1.00	₹ 144.00	₹ 144.00
28	01/07/2024	PCV (HAEMATOCRIT)	1.00	₹ 144.00	₹ 144.00
29	01/06/2024	PLATELET COUNT	1.00	₹ 120.00	₹ 120.00
30	01/03/2024	PERIPHERAL SMEAR	1.00	₹ 600.00	₹ 600.00
31	01/02/2024	PLATELET COUNT	1.00	₹ 100.00	₹ 100.00
32	01/03/2024	PCV (HAEMATOCRIT)	1.00	₹ 120.00	₹ 120.00
33	01/08/2024	PLATELET COUNT	1.00	₹ 100.00	₹ 100.00
34	01/05/2024	MP TEST by QBC	1.00	₹ 250.00	₹ 250.00
35	01/04/2024	PCV (HAEMATOCRIT)	1.00	₹ 120.00	₹ 120.00
36	01/05/2024	PLATELET COUNT	1.00	₹ 100.00	₹ 100.00
37	01/05/2024	PCV (HAEMATOCRIT)	1.00	₹ 120.00	₹ 120.00
38	01/05/2024	TOTAL WBC COUNT	1.00	₹ 70.00	₹ 70.00
39	01/03/2024	PLATELET COUNT	1.00	₹ 100.00	₹ 100.00
40	01/05/2024	PCV (HAEMATOCRIT)	1.00	₹ 120.00	₹ 120.00
41	01/04/2024	PLATELET COUNT	1.00	₹ 100.00	₹ 100.00
42	01/07/2024	PLATELET COUNT	1.00	₹ 120.00	₹ 120.00
43	01/08/2024	PCV (HAEMATOCRIT)	1.00	₹ 120.00	₹ 120.00
44	01/05/2024	PLATELET COUNT	1.00	₹ 100.00	₹ 100.00
45	01/03/2024	SCRUB TYPHUS AB (O.TSUTSUGAMUSHI)	1.00	₹ 1,440.00	₹ 1,440.00
MEDICAL RECORD CHARGE					
46	01/03/2024	MEDICAL RECORD CHARGE	1.00	₹ 200.00	₹ 200.00
NURSING CHARGE					
47	01/04/2024	NURSING CHARGES	1.00	₹ 250.00	₹ 250.00
48	01/07/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹ 200.00	₹ 200.00
49	01/06/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹ 200.00	₹ 200.00
50	01/05/2024	NURSING CHARGES	1.00	₹ 250.00	₹ 250.00
51	01/05/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹ 200.00	₹ 200.00
52	01/06/2024	NURSING CHARGES	1.00	₹ 350.00	₹ 350.00
53	01/06/2024	NURSING CHARGES ICU	1.00	₹ 350.00	₹ 350.00
54	01/08/2024	NURSING CHARGES	2.00	₹ 250.00	₹ 500.00
55	01/03/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹ 200.00	₹ 200.00
56	01/08/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹ 200.00	₹ 200.00
57	01/08/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹ 200.00	₹ 200.00
58	01/03/2024	NURSING CHARGES	1.00	₹ 250.00	₹ 250.00
59	01/04/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹ 200.00	₹ 200.00
PROFESSIONAL TEAM FEES					
60	01/08/2024	PROFESSIONAL FEES(Dr.S.JAMUNA)	1.00	₹ 4,998.00	₹ 4,998.00
RADIOLOGY					

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
61	01/06/2024	CHEST X-RAY - BEDSIDE	1.00	₹ 540.00	₹ 540.00

Gross Amount	₹	**41,000.00**
Net Payable	₹	**41,000.00**
Advance Amount	₹	**15,000.00**
Received Amount	₹	**26,000.00**

Received Amount In Words : Forty-One Thousand Only

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Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/MK/RECH20240002	CASH	Advance Amount	5,000.00
2	06/01/2024	MMH/MK/RECH20240005	UPI	Advance Amount	5,000.00
3	06/01/2024	MMH/MK/RECH20240005	CASH	Advance Amount	5,000.00
4	08/01/2024	MMH/MK/REDH20240022	CASH	Collected Amount	26,000.00