IN PATIENT DETAILED BILL

Patient Name	:	**Baby.KIRUBA SRI.V**	Patient Id	:	**MKB202400060**
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400008
Gender	:	Female	IP No	:	IPKB2024000011
Age	:	3 Y 0 M 2 D	Ward/Bed	:	GENERAL WARD / GW - 2
Doctor Name	:	Dr.S.MAHESHWARAN	DOA	:	02/01/2024 6:35PM
Speciality	:	NEONATOLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	04/01/2024
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	01/04/2024	BED CHARGES - GENERAL WARD	2.00 days	₹	1,000.00	₹	2,000.00
LABORATORY							
3	01/04/2024	CBC	1.00	₹	420.00	₹	420.00
4	01/04/2024	C.R.P. (C-Reactive Protein)	1.00	₹	600.00	₹	600.00
MEDICAL RECORD CHARGE							
5	01/03/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00
NURSING CHARGE							
6	01/04/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
7	01/03/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
8	01/03/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
9	01/04/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
PROFESSIONAL TEAM FEES							
10	01/04/2024	PROFESSIONAL FEES(Dr.S.MAHESHWARAN)	1.00	₹	3,250.00	₹	3,250.00

Gross Amount	₹	**7,520.00**
Net Payable	₹	**7,520.00**
Advance Amount	₹	**2,500.00**
Received Amount	₹	**5,020.00**

Received Amount In Words : Seven Thousand Five Hundred Twenty Only

MANIMEGALAI.T

Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/MK/RECH20240002	CASH	Advance Amount	2,500.00
2	04/01/2024	MMH/MK/REDH20240010	CASH	Collected Amount	5,020.00