## IN PATIENT DETAILED BILL

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|---|---|---|---|---|---|
| Patient Name | : | **Baby.JESSICA.K** | Patient Id | : | **MKB202400074** |
| Patient Type | : | IP | Bill No | : | MMH/MK/IP202400021 |
| Gender | : | Female | IP No | : | IPKB2024000014 |
| Age | : | 0 Y 0 M 6 D | Ward/Bed | : | SINGLE ROOM A/C / 205 |
| Doctor Name | : | Dr.S.MAHESHWARAN | DOA | : | 03/01/2024 12:17AM |
| Speciality | : | NEONATOLOGIST | DOD | : | |
| Entity Type | : | CASH | Bill Date | : | 08/01/2024 |
| Payer | : | CASH | | | |

| S.No | Date & Time | Particulars | QTY | Unit Rate | Amount |
|---|---|---|---|---|---|
| **ADMINISTRATION CHARGES** | | | | | |
| 1 | 01/04/2024 | ADMISSION CHARGES MWC | 1.00 | ₹ 150.00 | ₹ 150.00 |
| **BED CHARGES** | | | | | |
| 2 | 01/08/2024 | BED CHARGES - SINGLE ROOM | 5.50 days | ₹ 2,000.00 | ₹ 11,000.00 |
| **EQUIPMENT** | | | | | |
| 3 | 01/05/2024 | NEBULIZER CHARGE | 3.00 | ₹ 100.00 | ₹ 300.00 |
| 4 | 01/07/2024 | NEBULIZER CHARGE | 3.00 | ₹ 100.00 | ₹ 300.00 |
| 5 | 01/04/2024 | NEBULIZER CHARGE | 7.00 | ₹ 100.00 | ₹ 700.00 |
| 6 | 01/08/2024 | NEBULIZER CHARGE | 1.00 | ₹ 100.00 | ₹ 100.00 |
| 7 | 01/06/2024 | NEBULIZER CHARGE | 4.00 | ₹ 100.00 | ₹ 400.00 |
| **LABORATORY** | | | | | |
| 8 | 01/06/2024 | PLATELET COUNT | 1.00 | ₹ 120.00 | ₹ 120.00 |
| 9 | 01/06/2024 | PERIPHERAL SMEAR | 1.00 | ₹ 720.00 | ₹ 720.00 |
| 10 | 01/06/2024 | C.R.P. ( C-Reactive Protein ) | 1.00 | ₹ 720.00 | ₹ 720.00 |
| **MEDICAL RECORD CHARGE** | | | | | |
| 11 | 01/04/2024 | MEDICAL RECORD CHARGE | 1.00 | ₹ 200.00 | ₹ 200.00 |
| **NURSING CHARGE** | | | | | |
| 12 | 01/08/2024 | NURSING CHARGES | 1.00 | ₹ 250.00 | ₹ 250.00 |
| 13 | 01/08/2024 | STERILIZATION AND DISINFECTANT CHARGES | 1.00 | ₹ 200.00 | ₹ 200.00 |
| 14 | 01/05/2024 | NURSING CHARGES | 1.00 | ₹ 250.00 | ₹ 250.00 |
| 15 | 01/07/2024 | NURSING CHARGES | 1.00 | ₹ 250.00 | ₹ 250.00 |
| 16 | 01/04/2024 | STERLIZATION AND DISINFECTION CHARGES | 1.00 | ₹ 200.00 | ₹ 200.00 |
| 17 | 01/07/2024 | STERLIZATION AND DISINFECTION CHARGES | 1.00 | ₹ 200.00 | ₹ 200.00 |
| 18 | 01/03/2024 | NURSING CHARGES | 1.00 | ₹ 250.00 | ₹ 250.00 |
| 19 | 01/03/2024 | STERLIZATION AND DISINFECTION CHARGES | 1.00 | ₹ 200.00 | ₹ 200.00 |
| 20 | 01/06/2024 | NURSING CHARGES | 1.00 | ₹ 250.00 | ₹ 250.00 |
| 21 | 01/06/2024 | STERLIZATION AND DISINFECTION CHARGES | 1.00 | ₹ 200.00 | ₹ 200.00 |
| 22 | 01/05/2024 | STERLIZATION AND DISINFECTION CHARGES | 1.00 | ₹ 200.00 | ₹ 200.00 |
| 23 | 01/04/2024 | NURSING CHARGES | 1.00 | ₹ 250.00 | ₹ 250.00 |

| S.No | Date & Time | Particulars | QTY | Unit Rate | Amount |
|---|---|---|---|---|---|
| **PROFESSIONAL TEAM FEES** | | | | | |
| 24 | 01/08/2024 | PROFESSIONAL FEES(Dr.S.MAHESHWARAN) | 1.00 | ₹ 9,000.00 | ₹ 9,000.00 |

| | | |
|---|---|---|
| **Gross Amount** | ₹ | **26,410.00** |
| **Net Payable** | ₹ | **26,410.00** |
| **Advance Amount** | ₹ | **15,100.00** |
| **Received Amount** | ₹ | **11,310.00** |

**Received Amount In Words :**

MANIMEGALAI.T

**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 | 3,500.00 |
| 2 | 05/01/2024 | MMH/MK/RECH20240003 | CASH | Advance Amount | 4,000.00 |
| 3 | 06/01/2024 | MMH/MK/RECH20240005 | CASH | Advance Amount | 1,600.00 |
| 4 | 07/01/2024 | MMH/MK/RECH20240006 | CASH | Advance Amount | 5,000.00 |
| 5 | 07/01/2024 | MMH/MK/RECH20240006 | CARD | Advance Amount | 1,000.00 |
| 6 | 08/01/2024 | MMH/MK/REDH20240021 | UPI | Collected Amount | 11,310.00 |