IN PATIENT DETAILED BILL

Patient Name	:	**Mr.ANBALAGAN.S**	Patient Id	:	**MKB202400075**
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400004
Gender	:	Male	IP No	:	IPKB2024000015
Age	:	52 Y 0 M 0 D	Ward/Bed	:	ICU / ICU - 5
Doctor Name	:	Dr.M.BALAPRAKASH	DOA	:	03/01/2024 1:03AM
Speciality	:	ANAESTHETIST AND INTENS	DOD	:	
Entity Type	:	CASH	Bill Date	:	03/01/2024
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	01/03/2024	BED CHARGE - ICU	1.00 days	₹	4,100.00	₹	4,100.00
DUTY MEDICAL OFFICER CHARGE							
3	01/03/2024	DMO	1.00	₹	400.00	₹	400.00
EQUIPMENT							
4	01/03/2024	MONITOR CHARGE 1 DAY	1.00	₹	600.00	₹	600.00
5	01/03/2024	VENTILATOR CHARGE 1 DAY	1.00	₹	3,500.00	₹	3,500.00
6	01/03/2024	OXYGEN PER HOUR	1.00	₹	350.00	₹	350.00
GENERAL PROCEDURE							
7	01/03/2024	RYLES TUBE ASPIRATION	1.00	₹	200.00	₹	200.00
8	01/03/2024	INTUBATION PROCEDURE	1.00	₹	4,000.00	₹	4,000.00
INTENSIVIST CHARGES							
9	01/03/2024	INTENSIVIST PROFESSIONAL CHARGES	1.00	₹	3,000.00	₹	3,000.00
LABORATORY							
10	01/03/2024	GLUCOSE (RANDOM)	1.00	₹	60.00	₹	60.00
11	01/03/2024	UREA	1.00	₹	120.00	₹	120.00
12	01/03/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
13	01/03/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
14	01/03/2024	LIVER FUNCTION TEST	1.00	₹	720.00	₹	720.00
15	01/03/2024	ABG with ELECTROLYTE (EG7+)	1.00	₹	288.00	₹	288.00
16	01/03/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
17	01/03/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
18	01/03/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
19	01/03/2024	LDH	1.00	₹	744.00	₹	744.00
20	01/03/2024	HbA1c	1.00	₹	558.00	₹	558.00
21	01/03/2024	CREATININE	1.00	₹	120.00	₹	120.00
22	01/03/2024	URINE COMPLETE EXAMINATION	1.00	₹	240.00	₹	240.00
23	01/03/2024	ESR	1.00	₹	240.00	₹	240.00
24	01/03/2024	CBC	1.00	₹	504.00	₹	504.00
25	01/03/2024	D - DIMER	1.00	₹	3,000.00	₹	3,000.00

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
26	01/03/2024	SEROLOGY (HIV/HBSAG/ANTI HCV)	1.00	₹	864.00	₹	864.00
27	01/03/2024	C.R.P. (C-Reactive Protein)	1.00	₹	720.00	₹	720.00
MEDICAL RECORD CHARGE							
28	01/03/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00
NURSING CHARGE							
29	01/03/2024	NURSING CHARGES ICU	1.00	₹	350.00	₹	350.00
30	01/03/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
OTHERS							
31	01/03/2024	ANCILLARY INSTRUMENT CHARGE	1.00	₹	2,000.00	₹	2,000.00
32	01/03/2024	AMBULANCE CHARGES	1.00	₹	6,000.00	₹	6,000.00
PROFESSIONAL TEAM FEES							
33	01/03/2024	PROFESSIONAL FEES(Dr.S.JAMUNA)	1.00	₹	3,000.00	₹	3,000.00
RADIOLOGY							
34	01/03/2024	CT BRAIN - OP	1.00	₹	2,500.00	₹	2,500.00
35	01/03/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	200.00	₹	200.00
36	01/03/2024	ECG - OP	1.00	₹	200.00	₹	200.00
37	01/03/2024	CHEST X-RAY - BEDSIDE	1.00	₹	540.00	₹	540.00
ULTRASOUND							
38	01/03/2024	ECHO - (IP)	1.00	₹	2,000.00	₹	2,000.00

Gross Amount	₹	**42,688.00**
Net Payable	₹	**42,688.00**
Received Amount	₹	**42,688.00**

Received Amount In Words : Forty-Two Thousand Six Hundred Eighty-Eight Only

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Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/MK/REDH20240007	CASH	Collected Amount	42,688.00