IN PATIENT DETAILED BILL

Patient Name	:	**Mr.GULAM MOHAMED.A**	Patient Id	:	**MKB202400096**
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400005
Gender	:	Male	IP No	:	IPKB2024000019
Age	:	67 Y 0 M 0 D	Ward/Bed	:	SINGLE ROOM A/C / 203
Doctor Name	:	Dr.R.MUTHUKUMAR	DOA	:	03/01/2024 4:30PM
Speciality	:	Orthopedic surgeon	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 CHARGES - SINGLE ROOM	0.50 days	₹	2,000.00	₹	1,000.00
DUTY MEDICAL OFFICER CHARGE							
3	01/03/2024	DMO	1.00	₹	400.00	₹	400.00
GENERAL PROCEDURE							
4	01/03/2024	CATHETERIZATION CHARGES	1.00	₹	200.00	₹	200.00
MEDICAL RECORD CHARGE							
5	01/03/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00
NURSING CHARGE							
6	01/03/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
7	01/03/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
OTHERS							
8	01/03/2024	ANCILLARY INSTRUMENT CHARGE	1.00	₹	500.00	₹	500.00
RADIOLOGY							
9	01/03/2024	PELVIS AP VIEW	1.00	₹	420.00	₹	420.00

Gross Amount	₹	**3,320.00**
Net Payable	₹	**3,320.00**
Advance Amount	₹	**3,320.00**
Received Amount	₹	**0.00**

Received Amount In Words : Three Thousand Three Hundred Twenty Only

KRISHNAN

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	3,320.00