

IN PATIENT DETAILED BILL

Patient Name	:	Mr.BAKRUDEEN ALI AHMED	Patient Id	:	MKB202400148
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400020
Gender	:	Male	IP No	:	IPKB2024000026
Age	:	48 Y 0 M 3 D	Ward/Bed	:	SINGLE ROOM A/C / 204
Doctor Name	:	Dr.N.MOHAMMED NIYAMATH	DOA	:	04/01/2024 9:14PM
Speciality	:	LAPAROSCOPIC AND GENER	DOD	:	
Entity Type	:	CASH	Bill Date	:	07/01/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate	Amount
ADMINISTRATION CHARGES						
1	01/05/2024	ADMISSION CHARGES MWC	1.00	₹	150.00 ₹	150.00
BED CHARGES						
2	01/07/2024	BED CHARGES - SINGLE ROOM	3.00 days	₹	2,000.00 ₹	6,000.00
BLOOD COMPONENTS						
3	01/06/2024	BLOOD CHARGES	2.00	₹	250.00 ₹	500.00
4	01/05/2024	BLOOD CHARGES	1.00	₹	250.00 ₹	250.00
DUTY MEDICAL OFFICER CHARGE						
5	01/05/2024	DMO	1.00	₹	400.00 ₹	400.00
6	01/06/2024	DMO	1.00	₹	400.00 ₹	400.00
7	01/07/2024	DMO	1.00	₹	400.00 ₹	400.00
LABORATORY						
8	01/06/2024	HAEMOGLOBIN	1.00	₹	60.00 ₹	60.00
MEDICAL RECORD CHARGE						
9	01/05/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00 ₹	200.00
NURSING CHARGE						
10	01/05/2024	NURSING CHARGES	1.00	₹	250.00 ₹	250.00
11	01/06/2024	NURSING CHARGES	1.00	₹	250.00 ₹	250.00
12	01/05/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00 ₹	200.00
13	01/06/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00 ₹	200.00
14	01/07/2024	NURSING CHARGES	1.00	₹	250.00 ₹	250.00
15	01/07/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00 ₹	200.00

Gross Amount	₹	9,710.00
Net Payable	₹	9,710.00
Advance Amount	₹	8,500.00
Received Amount	₹	1,210.00

Received Amount In Words : Nine Thousand Seven Hundred Ten Only

MANIMEGALAI.T

Authorized Signataure

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/MK/RECH20240003	CARD	Advance Amount	2,500.00
2	06/01/2024	MMH/MK/RECH20240005	CARD	Advance Amount	2,800.00
3	07/01/2024	MMH/MK/RECH20240005	CARD	Advance Amount	3,200.00
4	07/01/2024	MMH/MK/REDH20240020	CARD	Collected Amount	1,210.00