IN PATIENT DETAILED BILL

Patient Name	:	**Baby.RUDHRESWARAN.S**	Patient Id	:	**MKB202400163**
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400009
Gender	:	Male	IP No	:	IPKB2024000027
Age	:	1 Y 0 M 1 D	Ward/Bed	:	GENERAL WARD / GW - 2
Doctor Name	:	Dr.S.MAHESHWARAN	DOA	:	04/01/2024 10:13PM
Speciality	:	NEONATOLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	05/01/2024
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	01/05/2024	BED CHARGES - GENERAL WARD	1.00 days	₹	1,000.00	₹	1,000.00
GENERAL PROCEDURE							
3	01/05/2024	DRESSING CHARGES	1.00	₹	300.00	₹	300.00
4	01/05/2024	DRESSING CHARGE (SMALL)	1.00	₹	150.00	₹	150.00
MEDICAL RECORD CHARGE							
5	01/05/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00
NURSING CHARGE							
6	01/05/2024	STERLIZATION AND DISINFECTION CHARGES	1.00	₹	200.00	₹	200.00
7	01/05/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
PROFESSIONAL TEAM FEES							
8	01/05/2024	PROFESSIONAL FEES(Dr.N.MOHAMMED NIYAMATHULLAH)	1.00	₹	750.00	₹	750.00
9	01/05/2024	PROFESSIONAL FEES(Dr.S.MAHESHWARAN)	1.00	₹	2,000.00	₹	2,000.00

Gross Amount	₹	**5,000.00**
Net Payable	₹	**5,000.00**
Received Amount	₹	**5,000.00**

Received Amount In Words : Five Thousand Only

MANIMEGALAI.T

Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/MK/REDH20240011	CASH	Collected Amount	5,000.00