

IN PATIENT DETAILED BILL

Patient Name	: Baby.SUDHARSANA.R	Patient Id	: MKB202400252
Patient Type	: IP	Bill No	: MMH/MK/IP202400024
Gender	: Female	IP No	: IPKB2024000030
Age	: 3 Y 0 M 1 D	Ward/Bed	: GENERAL WARD / GW - 1
Doctor Name	: Dr.S.MAHESHWARAN	DOA	: 07/01/2024 12:39PM
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	01/08/2024	ADMISSION CHARGES MWC	1.00	₹ 150.00	₹ 150.00
BED CHARGES					
2	01/08/2024	BED CHARGES - GENERAL WARD	1.00 days	₹ 1,000.00	₹ 1,000.00
MEDICAL RECORD CHARGE					
3	01/08/2024	MEDICAL RECORD CHARGE	1.00	₹ 200.00	₹ 200.00
NURSING CHARGE					
4	01/08/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹ 200.00	₹ 200.00
5	01/08/2024	NURSING CHARGES	1.00	₹ 250.00	₹ 250.00
PROFESSIONAL TEAM FEES					
6	01/08/2024	PROFESSIONAL FEES(Dr.S.MAHESHWARAN)	1.00	₹ 1,500.00	₹ 1,500.00

Gross Amount	₹	3,300.00
Net Payable	₹	3,300.00
Advance Amount	₹	2,500.00
Received Amount	₹	800.00

Received Amount In Words : Three Thousand Three Hundred Only

KRISHNAN

Authorized Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/MK/RECH20240007	CARD	Advance Amount	2,500.00
2	08/01/2024	MMH/MK/REDH20240022	UPI	Collected Amount	450.00
3	08/01/2024	MMH/MK/REDH20240022	CARD	Collected Amount	350.00