IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.VASANTHA.G**	Patient Id	:	**MKB202400258**
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400018
Gender	:	Female	IP No	:	IPKB2024000031
Age	:	68 Y 0 M 0 D	Ward/Bed	:	ICU / ICU - 1
Doctor Name	:	Dr.PRAVEEN	DOA	:	07/01/2024 3:44PM
Speciality	:	INTESIVISIT & DIABETALOGI	DOD	:	
Entity Type	:	CASH	Bill Date	:	07/01/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
BED CHARGES							
1	01/07/2024	BED CHARGE - ICU	0.00 days	₹	4,100.00	₹	0.00
EQUIPMENT							
2	01/07/2024	MONITOR CHARGE 1 DAY	1.00	₹	600.00	₹	600.00
3	01/07/2024	C-PAP CHARGE	1.00	₹	2,000.00	₹	2,000.00
LABORATORY							
4	01/07/2024	ABG with ELECTROLYTE (EG7+)	1.00	₹	288.00	₹	288.00
OPERATION THEATRE CHARGES							
5	01/07/2024	OBSERVATION CHARGES	1.00	₹	2,840.00	₹	2,840.00
OTHERS							
6	01/07/2024	AMBULANCE CHARGES	1.00	₹	8,000.00	₹	8,000.00
7	01/07/2024	ANCILLARY INSTRUMENT CHARGE	1.00	₹	2,000.00	₹	2,000.00
PROFESSIONAL TEAM FEES							
8	01/07/2024	PROFESSIONAL FEES(Dr.PRAVEEN)	1.00	₹	1,000.00	₹	1,000.00
RADIOLOGY							
9	01/07/2024	ECG (ELECTROCARDIOGRAM) (IP)	3.00	₹	350.00	₹	1,050.00

Gross Amount	₹	**17,778.00**
Net Payable	₹	**17,778.00**
Received Amount	₹	**17,778.00**

Received Amount In Words : Seventeen Thousand Seven Hundred Seventy-Eight Only

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Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/01/2024	MMH/MK/REDH20240019	CARD	Collected Amount	17,778.00