IN PATIENT DETAILED BILL (DUPLICATE - COPY)

Patient Name	: **Child.KOUSHIKA.P**		Patient Id	:	**MKB202400294**
Patient Type	: IP		Bill No	:	MMH/MK/IP202400051
Gender	: Female		IP No	:	IPKB2024000035
Age	: 7 Y 0 M 6 D		Ward/Bed	:	SINGLE ROOM A/C / 201
Doctor Name	: Ms.R.KANAGAGIRI		DOA	:	08/01/2024 9:45PM
Speciality	: NEONATOLOGIST		DOD	:	
Entity Type	: Insurance		Bill Date	:	14/01/2024
Payer	: STAR HEALTH AND ALLIED I				

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
OTHERS							
1	01/09/2024	ADMISSION CHARGES MWC	1.00	₹	150.00	₹	150.00
					Sub Total:		**₹150.00**
BED CHARGES							
BED CHARGES							
2	13/01/2024	BED CHARGES - SINGLE ROOM	5.00 days	₹	2,000.00	₹	10,000.00
					Sub Total:		**₹10,000.00**
DUTY MEDICAL OFFICER CHARGE							
DUTY MEDICAL OFFICER CHARGE							
3	01/09/2024	DMO	1.00	₹	400.00	₹	400.00
4	01/12/2024	DMO	1.00	₹	400.00	₹	400.00
5	13/01/2024	DMO	1.00	₹	400.00	₹	400.00
6	01/10/2024	DMO	1.00	₹	400.00	₹	400.00
7	01/11/2024	DMO	1.00	₹	400.00	₹	400.00
					Sub Total:		**₹2,000.00**
LABORATORY							
BIOCHEMISTRY							
8	01/08/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
9	01/08/2024	LIVER FUNCTION TEST	1.00	₹	720.00	₹	720.00
CLINICAL PATHOLOGY							
10	01/09/2024	URINE COMPLETE EXAMINATION	1.00	₹	240.00	₹	240.00
HAEMATOLOGY							
11	01/08/2024	CBC	1.00	₹	504.00	₹	504.00
SEROLOGY							
12	13/01/2024	ANTI HAV IgM	1.00	₹	1,584.00	₹	1,584.00
13	01/08/2024	C.R.P. (C-Reactive Protein)	1.00	₹	720.00	₹	720.00
					Sub Total:		**₹4,308.00**
MEDICAL RECORD CHARGE							
MEDICAL RECORD CHARGE							
14	01/09/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
					Sub Total:		**₹200.00**
NURSING CHARGE							
NURSING CHARGE							
15	13/01/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹	200.00	₹	200.00
16	14/01/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
17	01/09/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
18	01/09/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹	200.00	₹	200.00
19	01/12/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹	200.00	₹	200.00
20	01/11/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
21	01/11/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹	200.00	₹	200.00
22	01/10/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
23	01/10/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹	200.00	₹	200.00
24	01/12/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
					Sub Total:		**₹2,250.00**
OTHER ADDITION							
OTHER ADDITION							
25	13/01/2024	NON MEDICAL EXPENSES	1.00	₹	2,695.00	₹	2,695.00
					Sub Total:		**₹2,695.00**
PHARMACY CHARGE							
DRUGS CHARGE							
26	13/01/2024	PHARMACY CHARGE	1.00	₹	5,134.00	₹	5,134.00
					Sub Total:		**₹5,134.00**
PROFESSIONAL TEAM FEES							
PROFESSIONAL TEAM FEES							
27	13/01/2024	PROFESSIONAL FEES(Dr.R.KANAGAGIRI)	1.00	₹	5,000.00	₹	5,000.00
					Sub Total:		**₹5,000.00**
RADIOLOGY							
CT SCAN							
28	01/11/2024	CT ABDOMEN - IP	1.00	₹	3,500.00	₹	3,500.00
					Sub Total:		**₹3,500.00**

Gross Amount	₹	**35,237.00**
Net Payable	₹	**35,237.00**
Advance Amount	₹	**5,000.00**
Received Amount	₹	**0.00**
Refund Amount	₹	**859.00**

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount

Received Amount In Words : Five Thousand Only

DHIVYA.P

Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2024-01-10 10:53:36.2133333	MMH/MK/RECH20240008	CARD	Advance Amount	5,000.00

Medical Claim	Claim No	Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2024/111100/1425101	31,096.00