

# IN PATIENT DETAILED BILL (DUPLICATE - COPY)

Patient Name	: Ms.ANUSHRA.R	Patient Id	: MKB202400334
Patient Type	: IP	Bill No	: MMH/MK/IP202400039
Gender	: Female	IP No	: IPKB2024000045
Age	: 14 Y 0 M 1 D	Ward/Bed	: SINGLE ROOM A/C / 207
Doctor Name	: Dr.S.JAMUNA	DOA	: 10/01/2024 11:40AM
Speciality	: ANAESTHETIST	DOD	:
Entity Type	: CASH	Bill Date	: 11/01/2024
Payer	: CASH		:

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
<b>ADMINISTRATION CHARGES</b>					
OTHERS					
1	01/11/2024	ADMISSION CHARGES MWC	1.00	₹ 150.00	₹ 150.00
<b>Sub Total:</b>					<b>₹150.00</b>
<b>BED CHARGES</b>					
BED CHARGES					
2	01/11/2024	BED CHARGES - SINGLE ROOM	2.00 days	₹ 2,000.00	₹ 4,000.00
<b>Sub Total:</b>					<b>₹4,000.00</b>
<b>DUTY MEDICAL OFFICER CHARGE</b>					
DUTY MEDICAL OFFICER CHARGE					
3	01/11/2024	DMO	1.00	₹ 400.00	₹ 400.00
4	01/11/2024	DMO	1.00	₹ 400.00	₹ 400.00
<b>Sub Total:</b>					<b>₹800.00</b>
<b>LABORATORY</b>					
HAEMATOLOGY					
5	01/10/2024	CBC	1.00	₹ 504.00	₹ 504.00
<b>Sub Total:</b>					<b>₹504.00</b>
<b>MEDICAL RECORD CHARGE</b>					
MEDICAL RECORD CHARGE					
6	01/11/2024	MEDICAL RECORD CHARGE	1.00	₹ 200.00	₹ 200.00
<b>Sub Total:</b>					<b>₹200.00</b>
<b>NURSING CHARGE</b>					
NURSING CHARGE					
7	01/11/2024	NURSING CHARGES	1.00	₹ 250.00	₹ 250.00
8	01/11/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹ 200.00	₹ 200.00
9	01/11/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹ 200.00	₹ 200.00
10	01/11/2024	NURSING CHARGES	1.00	₹ 250.00	₹ 250.00
<b>Sub Total:</b>					<b>₹900.00</b>
<b>PROFESSIONAL FEES</b>					

S.No	Date & Time	Particulars	QTY		Unit Rate	Amount
DOCTOR CHARGES						
11	01/11/2024	PROFESSIONAL FEES(Dr.ANAND)	1.00	₹	1,500.00 ₹	1,500.00
Sub Total:						₹1,500.00
PROFESSIONAL TEAM FEES						
PROFESSIONAL TEAM FEES						
12	01/11/2024	PROFESSIONAL FEES(Dr.N.MOHAMMED NIYAMATHULLAH)	1.00	₹	900.00 ₹	900.00
Sub Total:						₹900.00
Gross Amount					₹	8,954.00
Net Payable					₹	8,954.00
Advance Amount					₹	5,000.00
Received Amount					₹	3,954.00

Received Amount In Words :

Eight Thousand Nine Hundred Fifty-Four Only

DHIVYA.P  
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2024-01-11 09:45:31.4233333	MMH/MK/RECH20240009	CASH	Advance Amount	5,000.00
2	2024-01-11 23:32:54.2433333	MMH/MK/REDH20240035	CASH	Collected Amount	3,954.00