IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.SARASWATHI.S**	Patient Id	:	**MKB202401224**
Patient Type	:	IP	Bill No	:	MMH/MK/IP202400202
Gender	:	Female	IP No	:	IPKB2024000216
Age	:	28 Y 0 M 0 D	Ward/Bed	:	SINGLE ROOM A/C / 201
Doctor Name	:	Dr.SHOBANA	DOA	:	08/02/2024 1:30PM
Speciality	:	GYNECOLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	08/02/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	02/08/2024	ADMISSION CHARGES MWC	1.00	₹	150.00	₹	150.00
BED CHARGES							
2	02/08/2024	BED CHARGES - SINGLE ROOM	0.50 days	₹	2,000.00	₹	1,000.00
DUTY MEDICAL OFFICER CHARGE							
3	02/08/2024	DMO	1.00	₹	400.00	₹	400.00
EQUIPMENT							
4	02/08/2024	OXYGEN PER HOUR	1.00	₹	350.00	₹	350.00
LABORATORY							
5	02/08/2024	CBG. (Capillary Blood Glucose)	1.00	₹	120.00	₹	120.00
6	02/08/2024	SEROLOGY (HIV / HBSAG / HCV) CARD	1.00	₹	2,880.00	₹	2,880.00
MEDICAL RECORD CHARGE							
7	02/08/2024	MEDICAL RECORD CHARGE	1.00	₹	200.00	₹	200.00
NURSING CHARGE							
8	02/08/2024	NURSING CHARGES	1.00	₹	250.00	₹	250.00
9	02/08/2024	STERILIZATION AND DISINFECTANT CHARGES	1.00	₹	200.00	₹	200.00
OPERATION THEATRE CHARGES							
10	02/08/2024	OT MINOR CHARGES	1.00	₹	3,000.00	₹	3,000.00
RADIOLOGY							
11	02/08/2024	USG ABDOMEN SCREENING	1.00	₹	250.00	₹	250.00

Gross Amount	₹	**8,800.00**
Net Payable	₹	**8,800.00**
Advance Amount	₹	**5,000.00**
Received Amount	₹	**3,800.00**

Received Amount In Words : Eight Thousand Eight Hundred Only

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Authorized Signtaure

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/02/2024	MMH/MK/RECH20240044	CASH	Advance Amount	5,000.00
2	08/02/2024	MMH/MK/REDH20240144	UPI	Collected Amount	1,300.00
3	08/02/2024	MMH/MK/REDH20240144	CASH	Collected Amount	2,500.00