MEDWAY HOSPITALS

ERODE MULTISPECIALITY

NO.134/138, N.H.Main Road , Nasiyanur, Erode , Tamilnadu, India

9280233285

care@medwayhospitals.com

INTERIM Bill

Patient ID	:	**MHE202400010**	IP No	:	**IPE2024000002**
Patient Name	:	**Mrs.RASAMMAL**	Admission Date	:	**01/04/2024 3:15:00PM**
Age/Gender	:	**62/Female**	Doctor Name	:	**Dr.KANNAMMAL DURAISAMY**
Entity Type	:	**Self**	Ward Name	:	**SINGLE ROOM**
			Bed Name	:	**G-19**
Payment Type	:	**Cash**			

Service Date	ReceiptNo	Service Name	Quantity	Unit Rate	Total Amount
BED CHARGES					
01/04/2024		BED CHARGES - SINGLE ROOM	1.00	1,400.00	₹ 1,400.00
02/04/2024		BED CHARGES - ICU	0.50	3,500.00	₹ 1,750.00
02/04/2024		BED CHARGES - SINGLE ROOM	3.00	1,400.00	₹ 4,200.00
DUTY MEDICAL OFFICER CHARGE					
01/04/2024		DMO CHARGE	1.00	500.00	₹ 500.00
02/04/2024		DMO CHARGE	0.50	500.00	₹ 250.00
02/04/2024		DMO CHARGE	3.00	500.00	₹ 1,500.00
EQUIPMENT					
02/04/2024	IPREQ202400008	MONITOR CHARGE 1 DAY	1.00	600.00	₹ 600.00
02/04/2024	IPREQ202400007	OXYGEN PER DAY CHARGES	1.00	2,500.00	₹ 2,500.00
05/04/2024	IPREQ202400007	OXYGEN PER HOUR	5.00	350.00	₹ 1,750.00
NURSING CHARGE					
01/04/2024		NURSING CHARGE - SINGLE ROOM	1.00	500.00	₹ 500.00
02/04/2024		NURSING CHARGE - ICU	0.50	500.00	₹ 250.00
02/04/2024		NURSING CHARGE - SINGLE ROOM	3.00	500.00	₹ 1,500.00
OPERATION THEATRE CHARGES					
02/04/2024	IPREQ202400009	OT CHARGES	1.00	5,000.00	₹ 5,000.00
PROFESSIONAL TEAM FEES					
02/04/2024	IPREQ202400009	PROFESSIONAL TEAM FEES (Dr.ANANTHA KRISHNAN)	1.00	5,000.00	₹ 5,000.00
02/04/2024	IPREQ202400009	PROFESSIONAL TEAM FEES (Dr.VIDHYA CHARANYAN)	1.00	10,000.00	₹ 10,000.00
02/04/2024	IPREQ202400009	PROFESSIONAL TEAM FEES (Dr.G.SATHIYAVELAVAN)	1.00	10,000.00	₹ 10,000.00
02/04/2024	IPREQ202400006	PROFESSIONAL TEAM FEES (Dr.SARAVANA KUMAR)	1.00	850.00	₹ 850.00

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Patient Name	:	**Mrs.RASAMMAL**	Admission Date	:	**01/04/2024 3:15:00PM**
Age/Gender	:	**62/Female**	Doctor Name	:	**Dr.KANNAMMAL DURAISAMY**
Entity Type	:	**Self**	Ward Name	:	**ICU**
			Bed Name	:	**BED-1**
Payment Type	:	**Cash**			

Service Date	ReceiptNo	Service Name	Quantity	Unit Rate	Total Amount
02/04/2024	IPREQ202400006	PROFESSIONAL TEAM FEES (Dr.KANNAMMAL DURAISAMY)	1.00	750.00	₹ 750.00
02/04/2024	IPREQ202400006	PROFESSIONAL TEAM FEES (Dr.VIDHYA CHARANYAN)	1.00	750.00	₹ 750.00
03/04/2024	IPREQ202400006	PROFESSIONAL TEAM FEES (Dr.VIDHYA CHARANYAN)	1.00	600.00	₹ 600.00
03/04/2024	IPREQ202400006	PROFESSIONAL TEAM FEES (Dr.KANNAMMAL DURAISAMY)	1.00	600.00	₹ 600.00
04/04/2024	IPREQ202400006	PROFESSIONAL TEAM FEES (Dr.VIDHYA CHARANYAN)	1.00	600.00	₹ 600.00
04/04/2024	IPREQ202400006	PROFESSIONAL TEAM FEES (Dr.KANNAMMAL DURAISAMY)	1.00	600.00	₹ 600.00
05/04/2024	IPREQ202400006	PROFESSIONAL TEAM FEES (Dr.VIDHYA CHARANYAN)	1.00	600.00	₹ 600.00
05/04/2024	IPREQ202400006	PROFESSIONAL TEAM FEES (Dr.KANNAMMAL DURAISAMY)	1.00	600.00	₹ 600.00
RADIOLOGY					
02/04/2024	IPREQ202400001	CT ABDOMEN - IP	1.00	6,000.00	₹ 6,000.00
02/04/2024	IPREQ202400001	CHEST PA VIEW	1.00	420.00	₹ 420.00
02/04/2024	IPREQ202400005	ECG (ELECTROCARDIOGRAM) (IP)	1.00	250.00	₹ 250.00

Total	:	**₹59,320.00**
Advance Amount	:	**₹25,000.00**
Balance Amount	:	**₹34,320.00**