IN PATIENT DETAILED BILL

Patient Name	:	**Mr.SELVAKUMAR**	Patient Id	:	**MHE202400083**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400004
Gender	:	Male	IP No	:	IPE2024000006
Age	:	47 Y 0 M 2 D	Ward/Bed	:	ICU / BED-1
Doctor Name	:	Dr.PARTHIBAN DURAISAMY	DOA	:	04/04/2024 4:00PM
Speciality	:	NEUROLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	05/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ACCIDENT / TRAUMA (MLC) REGISTRATION							
1	05/04/2024	MLC REGISTRATION CHARGE (IP)	1.00	₹	1,500.00	₹	1,500.00
ADMINISTRATION CHARGES							
2	05/04/2024	ADMISSION CHARGES	1.00	₹	200.00	₹	200.00
BED CHARGES							
3	05/04/2024	BED CHARGES - ICU	0.50 days	₹	3,500.00	₹	1,750.00
DUTY MEDICAL OFFICER CHARGE							
4	05/04/2024	DMO CHARGE	0.50 days	₹	500.00	₹	250.00
EQUIPMENT							
5	05/04/2024	INFUSION PUMP CHARGE MINIMUM	1.00	₹	500.00	₹	500.00
6	05/04/2024	INSTRUMENT CHARGES	1.00	₹	14,000.00	₹	14,000.00
7	05/04/2024	VENTILATOR CHARGE 1 DAY	0.50	₹	3,500.00	₹	1,750.00
8	05/04/2024	SYRINGE PUMP CHARGE	1.00	₹	500.00	₹	500.00
GENERAL PROCEDURE							
9	05/04/2024	CATHETERIZATION CHARGES	1.00	₹	500.00	₹	500.00
10	05/04/2024	DRESSING CHARGE (SMALL)	1.00	₹	150.00	₹	150.00
LABORATORY							
11	04/04/2024	UREA	1.00	₹	120.00	₹	120.00
12	04/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
13	04/04/2024	GLUCOSE (RANDOM)	1.00	₹	60.00	₹	60.00
14	04/04/2024	CREATININE	1.00	₹	120.00	₹	120.00
15	04/04/2024	APTT	1.00	₹	840.00	₹	840.00
16	04/04/2024	CBC	1.00	₹	525.00	₹	525.00
17	04/04/2024	BLEEDING TIME	1.00	₹	72.00	₹	72.00
18	04/04/2024	BLOOD GROUP AND RH TYPE	1.00	₹	36.00	₹	36.00
19	04/04/2024	CLOTTING TIME	1.00	₹	72.00	₹	72.00
20	04/04/2024	ESR	1.00	₹	240.00	₹	240.00
21	04/04/2024	PROTHROMBIN TIME	1.00	₹	240.00	₹	240.00
22	04/04/2024	SEROLOGY (HIV / HBSAG / HCV) CARD	1.00	₹	864.00	₹	864.00
NURSING CHARGE							
23	05/04/2024	NURSING CHARGE - ICU	0.50 days	₹	500.00	₹	250.00

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
OPERATION THEATRE CHARGES							
24	05/04/2024	OT CHARGES	1.00	₹	13,500.00	₹	13,500.00
PROFESSIONAL TEAM FEES							
25	05/04/2024	PROFESSIONAL FEES(Dr.DHINESH)	1.00	₹	5,000.00	₹	5,000.00
26	05/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	1.00	₹	850.00	₹	850.00
27	05/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	1.00	₹	800.00	₹	800.00
28	05/04/2024	PROFESSIONAL FEES(Dr.VIDHYA CHARANYAN)	1.00	₹	1,000.00	₹	1,000.00
29	05/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	1.00	₹	50,000.00	₹	50,000.00
30	05/04/2024	PROFESSIONAL FEES(Dr.SHANMUGA RAM)	1.00	₹	18,000.00	₹	18,000.00
31	05/04/2024	PROFESSIONAL FEES(Dr.DHINESH)	1.00	₹	850.00	₹	850.00
32	05/04/2024	PROFESSIONAL FEES(Dr.THIRUMALAI RAJA)	1.00	₹	22,000.00	₹	22,000.00
RADIOLOGY							
33	04/04/2024	CT BRAIN - IP	1.00	₹	3,000.00	₹	3,000.00
34	05/04/2024	CT ABDOMEN - IP	1.00	₹	3,800.00	₹	3,800.00
35	05/04/2024	CT BRAIN WITH FACIAL	1.00	₹	6,500.00	₹	6,500.00
36	05/04/2024	CT CHEST - IP	1.00	₹	4,000.00	₹	4,000.00
37	04/04/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	250.00	₹	250.00
38	04/04/2024	CHEST PA VIEW	1.00	₹	441.00	₹	441.00
39	05/04/2024	FOREARM AP/LAT VIEW (RIGHT)	1.00	₹	550.00	₹	550.00

Gross Amount	₹	**155,620.00**
Net Payable	₹	**155,620.00**
Advance Amount	₹	**100,000.00**
Received Amount	₹	**0.00**
Due Amount	₹	**55,620.00**

Received Amount In Words : One Lakh Zero Only

LAVANYA MANOKAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/04/2024	MMH/MV/RECAP2024000(	CARD	Advance Amount	100,000.00