

IN PATIENT DETAILED BILL

Patient Name	: Mr.JAN BASHEER A.D	Patient Id	: MHE202400299
Patient Type	: IP	Bill No	: MMH/MV/IPE202400018
Gender	: Male	IP No	: IPE2024000023
Age	: 54	Ward/Bed	: ICU / BED-2
Doctor Name	: Dr.PARTHIBAN DURAISAMY	DOA	: 13/04/2024 12:09AM
Speciality	: NEUROLOGIST	DOD	:
Entity Type	: CASH	Bill Date	: 14/04/2024
Payer	: CASH		

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	14/04/2024	ADMISSION CHARGES	1.00	₹	200.00	₹	200.00
BED CHARGES							
2	14/04/2024	BED CHARGES - GENERAL WARD	1.00 days	₹	750.00	₹	750.00
3	14/04/2024	BED CHARGES - ICU	1.50 days	₹	3,500.00	₹	5,250.00
DUTY MEDICAL OFFICER CHARGE							
4	14/04/2024	DMO CHARGE	1.00 days	₹	500.00	₹	500.00
5	14/04/2024	DMO CHARGE	1.50 days	₹	800.00	₹	1,200.00
EQUIPMENT							
6	14/04/2024	MONITOR CHARGE 1 DAY	1.50	₹	1,500.00	₹	2,250.00
7	14/04/2024	INFUSION PUMP CHARGE 1 DAY	1.50	₹	2,100.00	₹	3,150.00
GENERAL PROCEDURE							
8	14/04/2024	CATHETERIZATION CHARGES	2.00	₹	700.00	₹	1,400.00
9	14/04/2024	RYLES TUBE INSERTION	1.00	₹	700.00	₹	700.00
LABORATORY							
10	13/04/2024	UREA	1.00	₹	110.00	₹	110.00
11	13/04/2024	CREATININE	1.00	₹	110.00	₹	110.00
12	13/04/2024	HBA1C	1.00	₹	490.00	₹	490.00
13	13/04/2024	ABG WITH ELECTROLYTE (EG7+)	1.00	₹	900.00	₹	900.00
14	13/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
15	13/04/2024	GRBS	2.00	₹	50.00	₹	100.00
16	14/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
17	13/04/2024	URINE COMPLETE EXAMINATION	1.00	₹	168.00	₹	168.00
18	13/04/2024	URINE COMPLETE EXAMINATION	1.00	₹	150.00	₹	150.00
19	13/04/2024	BLEEDING TIME	1.00	₹	72.00	₹	72.00
20	13/04/2024	APTT	1.00	₹	840.00	₹	840.00
21	13/04/2024	PROTHROMBIN TIME	1.00	₹	240.00	₹	240.00
22	13/04/2024	CLOTTING TIME	1.00	₹	72.00	₹	72.00
23	13/04/2024	CBC	1.00	₹	450.00	₹	450.00
24	14/04/2024	PROTHROMBIN TIME	1.00	₹	240.00	₹	240.00

S.No	Date & Time	Particulars	QTY	Unit Rate		Amount
25	14/04/2024	APTT	1.00	₹	840.00	₹ 840.00
NURSING CHARGE						
26	14/04/2024	NURSING CHARGE - GENERAL WARD	1.00 days	₹	600.00	₹ 600.00
27	14/04/2024	NURSING CHARGE - ICU	1.50 days	₹	500.00	₹ 750.00
OTHER ADDITION						
28	14/04/2024	CENTRE LINE	1.00	₹	3,000.00	₹ 3,000.00
PROCEDURE						
29	14/04/2024	NASO	1.00	₹	3,000.00	₹ 3,000.00
PROFESSIONAL TEAM FEES						
30	14/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	2.00	₹	750.00	₹ 1,500.00
31	14/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	1.00	₹	1,500.00	₹ 1,500.00
32	14/04/2024	PROFESSIONAL FEES(Dr.SARAVANAN)	2.00	₹	950.00	₹ 1,900.00
RADIOLOGY						
33	13/04/2024	CT - BRAIN PLAIN	1.00	₹	2,520.00	₹ 2,520.00
34	13/04/2024	CHEST AP VIEW	1.00	₹	370.00	₹ 370.00

Gross Amount	₹	36,402.00
Net Payable	₹	36,402.00
Advance Amount	₹	5,500.00
Received Amount	₹	30,902.00

Received Amount In Words
:
Thirty-Six Thousand Four Hundred Two Only

ELAKKIYA
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/04/2024	MMH/MV/RECAP20240002	CASH	Advance Amount	2,000.00
2	13/04/2024	MMH/MV/RECAP20240002	UPI	Advance Amount	3,500.00
3	14/04/2024	MMH/MV/RECBD2024002	CASH	Collected Amount	10,000.00
4	14/04/2024	MMH/MV/RECBD2024002	UPI	Collected Amount	20,902.00