IN PATIENT DETAILED BILL

Patient Name	:	**Mr.LOGARAJAN**	Patient Id	:	**MHE202420979**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400016
Gender	:	Male	IP No	:	IPE2024000016
Age	:	22 Y 0 M 0 D	Ward/Bed	:	ICU / BED-2
Doctor Name	:	Dr.PARTHIBAN DURAISAMY	DOA	:	12/04/2024 5:13AM
Speciality	:	NEUROLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	12/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
BED CHARGES					
1	12/04/2024	BED CHARGES - ICU	1.00 days	₹ 3,500.00	₹ 3,500.00
BLOOD COMPONENTS					
2	12/04/2024	BLOOD CHARGES	3.00	₹ 1,500.00	₹ 4,500.00
DUTY MEDICAL OFFICER CHARGE					
3	12/04/2024	DMO CHARGE	1.00 days	₹ 500.00	₹ 500.00
EQUIPMENT					
4	12/04/2024	INFUSION PUMP CHARGE MINIMUM	1.00	₹ 500.00	₹ 500.00
5	12/04/2024	INSTRUMENT CHARGES	1.00	₹ 7,000.00	₹ 7,000.00
6	12/04/2024	SYRINGE PUMP CHARGE	1.00	₹ 500.00	₹ 500.00
7	12/04/2024	NEBULIZER CHARGE	3.00	₹ 100.00	₹ 300.00
8	12/04/2024	VENTILATOR CHARGE 1 DAY	0.50	₹ 3,500.00	₹ 1,750.00
9	12/04/2024	MONITOR CHARGE ½ DAY	1.00	₹ 600.00	₹ 600.00
LABORATORY					
10	12/04/2024	UREA	1.00	₹ 120.00	₹ 120.00
11	12/04/2024	CREATININE	1.00	₹ 120.00	₹ 120.00
12	12/04/2024	GLUCOSE (RANDOM)	1.00	₹ 60.00	₹ 60.00
13	12/04/2024	ELECTROLYTES	1.00	₹ 540.00	₹ 540.00
14	12/04/2024	CBC	1.00	₹ 525.00	₹ 525.00
15	12/04/2024	ESR	1.00	₹ 240.00	₹ 240.00
16	12/04/2024	HIV I & II	1.00	₹ 360.00	₹ 360.00
17	12/04/2024	HBSAG	1.00	₹ 300.00	₹ 300.00
NURSING CHARGE					
18	12/04/2024	NURSING CHARGE - ICU	1.00 days	₹ 500.00	₹ 500.00
OP REGISTRATION					
19	12/04/2024	IP REGISTRATION CHARGES	1.00	₹ 150.00	₹ 150.00
OPERATION THEATRE CHARGES					
20	12/04/2024	OT - CHARGES	1.00	₹ 10,000.00	₹ 10,000.00
OTHER ADDITION					
21	12/04/2024	OTHER ADDITION	1.00	₹ 4,000.00	₹ 4,000.00
PROFESSIONAL TEAM FEES					

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
22	12/04/2024	PROFESSIONAL FEES(Dr.SARAVANAN)	1.00	₹	2,000.00	₹	2,000.00
23	12/04/2024	PROFESSIONAL FEES(Dr.RAMASUBRAMANIYAM)	1.00	₹	1,850.00	₹	1,850.00
24	12/04/2024	PROFESSIONAL FEES(Dr.MASILAMANI)	1.00	₹	21,000.00	₹	21,000.00
25	12/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	1.00	₹	60,000.00	₹	60,000.00
26	12/04/2024	PROFESSIONAL FEES(Dr.PRASHANTH)	1.00	₹	1,000.00	₹	1,000.00
RADIOLOGY							
27	12/04/2024	CT BRAIN WITH FACIAL	1.00	₹	6,500.00	₹	6,500.00
28	12/04/2024	CT ABDOMEN - IP	1.00	₹	3,800.00	₹	3,800.00
29	12/04/2024	CT CHEST - IP	1.00	₹	4,000.00	₹	4,000.00
30	12/04/2024	CT NECK - IP	1.00	₹	4,000.00	₹	4,000.00
31	12/04/2024	ECG (ELECTROCARDIOGRAM) (IP)	3.00	₹	250.00	₹	750.00
32	12/04/2024	CHEST AP VIEW	1.00	₹	420.00	₹	420.00

Gross Amount	₹	**141,385.00**
Net Payable	₹	**141,385.00**
Received Amount	₹	**141,385.00**

Received Amount In Words : One Lakh Forty-One Thousand Three Hundred Eighty-Five Only

SUBHASHREE VASUDEVAN
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/04/2024	MMH/MV/RECBD2024002	CARD	Collected Amount	88,000.00
2	12/04/2024	MMH/MV/RECBD2024002	CASH	Collected Amount	53,385.00