IN PATIENT DETAILED BILL

Patient Name	:	**Mr.POOVARASAN**	Patient Id	:	**MHE202420980**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400017
Gender	:	Male	IP No	:	IPE2024000017
Age	:	23 Y 0 M 2 D	Ward/Bed	:	ICU / BED-1
Doctor Name	:	Dr.PARTHIBAN DURAISAMY	DOA	:	12/04/2024 5:36AM
Speciality	:	NEUROLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	14/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ACCIDENT / TRAUMA (MLC) REGISTRATION							
1	14/04/2024	MLC REGISTRATION CHARGE (IP)	1.00	₹	5,000.00	₹	5,000.00
BED CHARGES							
2	14/04/2024	BED CHARGES - ICU	3.00 days	₹	5,000.00	₹	15,000.00
DUTY MEDICAL OFFICER CHARGE							
3	14/04/2024	DMO CHARGE	3.00 days	₹	800.00	₹	2,400.00
EQUIPMENT							
4	14/04/2024	OXYGEN PER DAY CHARGES	2.50	₹	3,500.00	₹	8,750.00
5	14/04/2024	INFUSION PUMP CHARGE 1 DAY	1.00	₹	1,100.00	₹	1,100.00
6	14/04/2024	MONITOR CHARGE 1 DAY	2.00	₹	750.00	₹	1,500.00
7	14/04/2024	SYRINGE PUMP CHARGE	2.00	₹	1,000.00	₹	2,000.00
GENERAL PROCEDURE							
8	14/04/2024	RYLES TUBE INSERTION	1.00	₹	1,000.00	₹	1,000.00
9	14/04/2024	CATHETERIZATION CHARGES	1.00	₹	750.00	₹	750.00
IP REGISTRATION							
10	14/04/2024	IP REGISTRATION CHARGES	1.00	₹	150.00	₹	150.00
LABORATORY							
11	12/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
12	12/04/2024	GLUCOSE (RANDOM)	1.00	₹	60.00	₹	60.00
13	12/04/2024	CREATININE	1.00	₹	120.00	₹	120.00
14	12/04/2024	UREA	1.00	₹	120.00	₹	120.00
15	13/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
16	14/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
17	14/04/2024	CREATININE	1.00	₹	120.00	₹	120.00
18	14/04/2024	UREA	1.00	₹	120.00	₹	120.00
19	12/04/2024	ESR	1.00	₹	240.00	₹	240.00
20	12/04/2024	CBC	1.00	₹	525.00	₹	525.00
21	13/04/2024	TSH	1.00	₹	200.00	₹	200.00
22	12/04/2024	HBSAG	1.00	₹	300.00	₹	300.00
23	12/04/2024	HIV I & II	1.00	₹	360.00	₹	360.00
24	13/04/2024	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹	360.00	₹	360.00
NURSING CHARGE							

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
25	14/04/2024	NURSING CHARGE - ICU	3.00 days	₹	600.00	₹	1,800.00
PROFESSIONAL TEAM FEES							
26	14/04/2024	PROFESSIONAL FEES(Dr.SARAVANAN)	3.00	₹	1,500.00	₹	4,500.00
27	14/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	3.00	₹	1,200.00	₹	3,600.00
RADIOLOGY							
28	12/04/2024	CT BRAIN WITH FACIAL	1.00	₹	6,500.00	₹	6,500.00
29	12/04/2024	CT BRAIN - IP	1.00	₹	3,000.00	₹	3,000.00
30	13/04/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	250.00	₹	250.00
31	12/04/2024	CERVICAL SPINE AP & LAT	1.00	₹	840.00	₹	840.00
32	12/04/2024	PELVIS AP VIEW	1.00	₹	420.00	₹	420.00
33	12/04/2024	CHEST AP VIEW	1.00	₹	420.00	₹	420.00
34	12/04/2024	NECK AP /LAT	1.00	₹	840.00	₹	840.00

Gross Amount	₹	**63,965.00**
Net Payable	₹	**63,965.00**
Received Amount	₹	**63,965.00**

Received Amount In Words : Sixty-Three Thousand Nine Hundred Sixty-Five Only

SUBHASHREE VASUDEVAN

Authorized Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/04/2024	MMH/MV/RECBD2024002	CASH	Collected Amount	63,965.00