IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.KARUPPAYEE**	Patient Id	:	**MHE202421011**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400029
Gender	:	Female	IP No	:	IPE2024000026
Age	:	70 Y 0 M 6 D	Ward/Bed	:	GENERAL WARD / BED-3
Doctor Name	:	Dr.KANNAMMAL DURAISAMY	DOA	:	15/04/2024 3:16PM
Speciality	:	GENERAL MEDICINE	DOD	:	
Entity Type	:	CASH	Bill Date	:	21/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ADMINISTRATION CHARGES					
1	21/04/2024	ADMISSION CHARGES	1.00	₹ 200.00	₹ 200.00
BED CHARGES					
2	21/04/2024	BED CHARGES - GENERAL WARD	6.00 days	₹ 750.00	₹ 4,500.00
DUTY MEDICAL OFFICER CHARGE					
3	21/04/2024	DMO CHARGE	6.00 days	₹ 500.00	₹ 3,000.00
GENERAL PROCEDURE					
4	21/04/2024	CATHETERIZATION CHARGES	1.00	₹ 500.00	₹ 500.00
LABORATORY					
5	15/04/2024	UREA	1.00	₹ 110.00	₹ 110.00
6	15/04/2024	CREATININE	1.00	₹ 110.00	₹ 110.00
7	15/04/2024	ELECTROLYTES	1.00	₹ 480.00	₹ 480.00
8	15/04/2024	LIVER FUNCTION TEST	1.00	₹ 630.00	₹ 630.00
9	15/04/2024	GLUCOSE (RANDOM)	1.00	₹ 60.00	₹ 60.00
10	16/04/2024	AMMONIA	1.00	₹ 1,470.00	₹ 1,470.00
11	16/04/2024	ELECTROLYTES	1.00	₹ 480.00	₹ 480.00
12	16/04/2024	UREA	1.00	₹ 110.00	₹ 110.00
13	16/04/2024	CREATININE	1.00	₹ 110.00	₹ 110.00
14	17/04/2024	ELECTROLYTES	1.00	₹ 480.00	₹ 480.00
15	18/04/2024	ELECTROLYTES	1.00	₹ 480.00	₹ 480.00
16	20/04/2024	GLUCOSE(PP)	1.00	₹ 60.00	₹ 60.00
17	20/04/2024	GLUCOSE (FASTING)	1.00	₹ 60.00	₹ 60.00
18	20/04/2024	AMMONIA	1.00	₹ 1,470.00	₹ 1,470.00
19	21/04/2024	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹ 110.00	₹ 110.00
20	15/04/2024	URINE COMPLETE EXAMINATION	1.00	₹ 150.00	₹ 150.00
21	16/04/2024	URINE COMPLETE EXAMINATION	1.00	₹ 150.00	₹ 150.00
22	15/04/2024	CBC	1.00	₹ 450.00	₹ 450.00
23	15/04/2024	MALARAIAL PARASITE (RAPID TEST)	1.00	₹ 130.00	₹ 130.00
24	15/04/2024	ESR	1.00	₹ 210.00	₹ 210.00
25	16/04/2024	TSH	1.00	₹ 200.00	₹ 200.00

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
26	21/04/2024	DENGUE NS1, IGG & IGM (RAPID)	1.00	₹	840.00	₹	840.00
27	15/04/2024	WIDAL SLIDE	1.00	₹	210.00	₹	210.00
28	15/04/2024	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹	320.00	₹	320.00
NURSING CHARGE							
29	21/04/2024	NURSING CHARGE - GENERAL WARD	6.00 days	₹	500.00	₹	3,000.00
PROFESSIONAL TEAM FEES							
30	21/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	5.00	₹	600.00	₹	3,000.00
31	21/04/2024	PROFESSIONAL FEES(Dr.RAMASUBRAMANIYAM)	1.00	₹	600.00	₹	600.00
32	21/04/2024	PROFESSIONAL FEES(Dr.DHINESH)	1.00	₹	600.00	₹	600.00
33	21/04/2024	PROFESSIONAL FEES(Dr.SARAVANAN)	6.00	₹	600.00	₹	3,600.00
RADIOLOGY							
34	16/04/2024	CT - ABDOMEN PLAIN	1.00	₹	5,000.00	₹	5,000.00
35	15/04/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	250.00	₹	250.00
36	15/04/2024	CHEST PA VIEW	1.00	₹	350.00	₹	350.00
37	15/04/2024	CERVICAL SPINE AP & LAT	1.00	₹	740.00	₹	740.00
38	20/04/2024	PELVIS AP LAT	1.00	₹	740.00	₹	740.00

Gross Amount	₹	**34,960.00**
Net Payable	₹	**34,960.00**
Advance Amount	₹	**16,000.00**
Received Amount	₹	**18,960.00**

Received Amount In Words : Thirty-Four Thousand Nine Hundred Sixty Only

LAVANYA MANOKAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/04/2024	MMH/MV/RECAP2024000	CARD	Advance Amount	7,000.00
2	16/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	4,000.00
3	16/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	5,000.00
4	21/04/2024	MMH/MV/RECBD2024004	UPI	Collected Amount	18,960.00