MEDWAY HOSPITALS

KODAMBAKKAM (MULTI SPECIALITY)

No:#2/26, 1st Main Road , United India Colony, Kodambakkam, Tamilnadu, India

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care@medwayhospitals.com

INTERIM Bill

Patient ID	:	**MMH202475771**	IP No	:	**IP2024001131**
Patient Name	:	**Mrs.GANDHIMATHI R**	Admission Date	:	**19/05/2024 3:28:00PM**
Age/Gender	:	**66/Female**	Doctor Name	:	**Dr.BASHEER AHMED ORTHO**
Entity Type	:	**Self**	Ward Name	:	**SINGLE ROOM B - DLX**
			Bed Name	:	**409**
Payment Type	:	**Cash**			

Service Date	ReceiptNo	Service Name	Quantity	Unit Rate	Total Amount
ADMINISTRATION CHARGES					
19/05/2024	IPREQ202415441	ADMINISTRATION CHARGES	1.00	350.00	₹ 350.00
BED CHARGES					
19/05/2024		BED CHARGES - SINGLE DELUXE ROOM	5.00	4,950.00	₹ 24,750.00
BLOOD COMPONENTS					
19/05/2024	IPREQ202415293	PRBC RESERVATION	2.00	500.00	₹ 1,000.00
DIET CHARGES					
20/05/2024	IPREQ202415443	DIET CHARGES	5.00	500.00	₹ 2,500.00
DUTY MEDICAL OFFICER CHARGE					
19/05/2024		DMO CHARGE	5.00	750.00	₹ 3,750.00
GENERAL PROCEDURE					
20/05/2024	IPREQ202415442	CATHETERIZATION CHARGES	1.00	500.00	₹ 500.00
20/05/2024	IPREQ202415442	DRESSING CHARGES	1.00	450.00	₹ 450.00
23/05/2024	IPREQ202415442	DRESSING CHARGES	1.00	450.00	₹ 450.00
LABORATORY					
21/05/2024	IPREQ202415505	PCV (HAEMATOCRIT)	1.00	144.00	₹ 144.00
21/05/2024	IPREQ202415505	HAEMOGLOBIN	1.00	240.00	₹ 240.00
21/05/2024	IPREQ202415505	GLUCOSE (RANDOM)	1.00	180.00	₹ 180.00
21/05/2024	IPREQ202415505	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	144.00	₹ 144.00
21/05/2024	IPREQ202415505	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	144.00	₹ 144.00
NURSING CHARGE					
19/05/2024		NURSING CHARGE - SINGLE DELUXE ROOM	5.00	800.00	₹ 4,000.00
OPERATION THEATRE CHARGES					
20/05/2024	IPREQ202415442	STRYKER DRILL	1.00	3,500.00	₹ 3,500.00
20/05/2024	IPREQ202415442	OT 2 CHARGES	1.00	10,500.00	₹ 10,500.00
20/05/2024	IPREQ202415442	DIATHERMY CHARGES	1.00	350.00	₹ 350.00
20/05/2024	IPREQ202415442	DISPOSABLE PACK CHARGE	1.00	200.00	₹ 200.00
PHYSIOTHERAPY					

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Entity Type	:	**Self**	Ward Name	:	**SINGLE ROOM B - DLX**
			Bed Name	:	**409**
Payment Type	:	**Cash**			

Service Date	ReceiptNo	Service Name	Quantity	Unit Rate	Total Amount
21/05/2024	IPREQ202415556	PHYSIOTHERAPHY CHARGES	1.00	600.00	₹ 600.00
22/05/2024	IPREQ202415556	PHYSIOTHERAPHY CHARGES	1.00	600.00	₹ 600.00
23/05/2024	IPREQ202415556	PHYSIOTHERAPHY CHARGES	1.00	600.00	₹ 600.00
24/05/2024	IPREQ202415556	PHYSIOTHERAPHY CHARGES	1.00	600.00	₹ 600.00
RADIOLOGY					
21/05/2024	IPREQ202415522	BED SIDE X-RAY 2 EXPOSURE	1.00	900.00	₹ 900.00

Total	:	**₹56,452.00**
Advance Amount	:	**₹40,000.00**
Balance Amount	:	**₹16,452.00**