IN PATIENT DETAILED BILL

Patient Name	:	**Mr.KARUPPUSAMY**	Patient Id	:	**MHE202421029**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400032
Gender	:	Male	IP No	:	IPE2024000030
Age	:	28 Y 0 M 6 D	Ward/Bed	:	SINGLE ROOM / G-20
Doctor Name	:	Dr.PARTHIBAN DURAISAMY	DOA	:	17/04/2024 8:44PM
Speciality	:	NEUROLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	23/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ACCIDENT / TRAUMA (MLC) REGISTRATION							
1	23/04/2024	MLC REGISTRATION CHARGE (IP)	1.00	₹	1,500.00	₹	1,500.00
ADMINISTRATION CHARGES							
2	23/04/2024	ADMISSION CHARGES	1.00	₹	200.00	₹	200.00
BED CHARGES							
3	23/04/2024	BED CHARGES - ICU	2.00 days	₹	5,000.00	₹	10,000.00
4	23/04/2024	BED CHARGES - SINGLE ROOM	5.00 days	₹	1,800.00	₹	9,000.00
DUTY MEDICAL OFFICER CHARGE							
5	23/04/2024	DMO CHARGE	2.00 days	₹	1,000.00	₹	2,000.00
6	23/04/2024	DMO CHARGE	5.00 days	₹	800.00	₹	4,000.00
EQUIPMENT							
7	23/04/2024	MONITOR CHARGE 1 DAY	2.00	₹	600.00	₹	1,200.00
GENERAL PROCEDURE							
8	23/04/2024	DRESSING CHARGE (SMALL)	2.00	₹	300.00	₹	600.00
LABORATORY							
9	17/04/2024	GLUCOSE (RANDOM)	1.00	₹	60.00	₹	60.00
10	17/04/2024	UREA	1.00	₹	120.00	₹	120.00
11	17/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
12	17/04/2024	CREATININE	1.00	₹	120.00	₹	120.00
13	17/04/2024	CBC	1.00	₹	525.00	₹	525.00
14	17/04/2024	PROTHROMBIN TIME	1.00	₹	240.00	₹	240.00
15	17/04/2024	APTT	1.00	₹	840.00	₹	840.00
16	17/04/2024	BLOOD GROUP AND RH TYPE	1.00	₹	36.00	₹	36.00
17	17/04/2024	ESR	1.00	₹	240.00	₹	240.00
18	17/04/2024	CLOTTING TIME	1.00	₹	72.00	₹	72.00
19	17/04/2024	BLEEDING TIME	1.00	₹	72.00	₹	72.00
20	17/04/2024	SEROLOGY (HIV / HBSAG / HCV) CARD	1.00	₹	864.00	₹	864.00
NURSING CHARGE							
21	23/04/2024	NURSING CHARGE - SINGLE ROOM	5.00 days	₹	650.00	₹	3,250.00
22	23/04/2024	NURSING CHARGE - ICU	2.00 days	₹	800.00	₹	1,600.00
OPERATION THEATRE CHARGES							

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
23	20/04/2024	OT CHARGES	1.00	₹	10,000.00	₹	10,000.00
PROCEDURE							
24	23/04/2024	STAPLER	7.00	₹	60.00	₹	420.00
PROFESSIONAL TEAM FEES							
25	20/04/2024	PROFESSIONAL FEES(Dr.ANANTHA KRISHNAN)	1.00	₹	10,000.00	₹	10,000.00
26	20/04/2024	PROFESSIONAL FEES(Dr.PRASHANTH)	1.00	₹	25,000.00	₹	25,000.00
27	23/04/2024	PROFESSIONAL FEES(Dr.SARAVANAN)	3.00	₹	1,500.00	₹	4,500.00
28	23/04/2024	PROFESSIONAL FEES(Dr.G.SOLAI SELVAN)	1.00	₹	1,500.00	₹	1,500.00
29	23/04/2024	PROFESSIONAL FEES(Dr.PRASHANTH)	3.00	₹	1,500.00	₹	4,500.00
30	23/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	5.00	₹	1,500.00	₹	7,500.00
RADIOLOGY							
31	17/04/2024	CT BRAIN WITH FACIAL	1.00	₹	6,500.00	₹	6,500.00
32	18/04/2024	CT BRAIN - IP	1.00	₹	3,000.00	₹	3,000.00
33	17/04/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	250.00	₹	250.00
34	17/04/2024	CHEST AP VIEW	1.00	₹	420.00	₹	420.00
35	17/04/2024	CERVICAL SPINE AP & LAT	1.00	₹	840.00	₹	840.00
36	17/04/2024	PELVIS AP VIEW	1.00	₹	420.00	₹	420.00

Gross Amount	₹	**111,929.00**
Net Payable	₹	**111,929.00**
Advance Amount	₹	**35,000.00**
Received Amount	₹	**76,929.00**

Received Amount In Words : One Lakh Eleven Thousand Nine Hundred Twenty-Nine Only

SUBHASHREE VASUDEVAN

Authorized Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	15,000.00
2	18/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	19,000.00
3	18/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	1,000.00
4	23/04/2024	MMH/MV/RECBD2024004	CASH	Collected Amount	57,000.00
5	23/04/2024	MMH/MV/RECBD2024004	UPI	Collected Amount	19,929.00