IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.NAGAMMAL**	Patient Id	:	**MHE202421047**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400031
Gender	:	Female	IP No	:	IPE2024000036
Age	:	70 Y 0 M 3 D	Ward/Bed	:	ICU / BED-1
Doctor Name	:	Dr.P.NARMADHA	DOA	:	20/04/2024 5:39PM
Speciality	:	OBG&GYN	DOD	:	
Entity Type	:	CASH	Bill Date	:	23/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	23/04/2024	ADMISSION CHARGES	1.00	₹	200.00	₹	200.00
BED CHARGES							
2	23/04/2024	BED CHARGES - ICU	1.00 days	₹	3,500.00	₹	3,500.00
3	23/04/2024	BED CHARGES - TWIN SHARING ROOM	2.00 days	₹	1,850.00	₹	3,700.00
DUTY MEDICAL OFFICER CHARGE							
4	23/04/2024	DMO CHARGE	1.00 days	₹	500.00	₹	500.00
5	23/04/2024	DMO CHARGE	2.00 days	₹	500.00	₹	1,000.00
EQUIPMENT							
6	20/04/2024	NEBULIZER CHARGE	1.00	₹	100.00	₹	100.00
7	23/04/2024	OXYGEN CHARGE 1 DAY	3.00	₹	2,600.00	₹	7,800.00
8	23/04/2024	MONITOR CHARGE 1 DAY	1.00	₹	600.00	₹	600.00
9	23/04/2024	INFUSION PUMP CHARGE 1 DAY	1.00	₹	1,100.00	₹	1,100.00
LABORATORY							
10	21/04/2024	AMMONIA	1.00	₹	1,400.00	₹	1,400.00
11	22/04/2024	LIVER FUNCTION TEST	1.00	₹	720.00	₹	720.00
12	23/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
13	23/04/2024	ABG WITH ELECTROLYTE (EG7+)	1.00	₹	900.00	₹	900.00
14	23/04/2024	CREATININE	1.00	₹	120.00	₹	120.00
15	23/04/2024	UREA	1.00	₹	120.00	₹	120.00
16	23/04/2024	CBG. (CAPILLARY BLOOD GLUCOSE)	6.00	₹	120.00	₹	720.00
17	21/04/2024	URINE COMPLETE EXAMINATION	1.00	₹	140.00	₹	140.00
18	23/04/2024	URINE COMPLETE EXAMINATION	1.00	₹	168.00	₹	168.00
19	22/04/2024	TSH	1.00	₹	200.00	₹	200.00
20	22/04/2024	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹	360.00	₹	360.00
NURSING CHARGE							
21	23/04/2024	NURSING CHARGE - ICU	1.00 days	₹	500.00	₹	500.00
22	23/04/2024	NURSING CHARGE - TWIN SHARING	2.00 days	₹	500.00	₹	1,000.00

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
PROFESSIONAL TEAM FEES							
23	23/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	1.00	₹	750.00	₹	750.00
24	23/04/2024	PROFESSIONAL FEES(Dr.MEDWAY HOSPITAL)	2.00	₹	850.00	₹	1,700.00
25	23/04/2024	PROFESSIONAL FEES(Dr.SARAVANAN)	2.00	₹	850.00	₹	1,700.00
26	23/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	3.00	₹	750.00	₹	2,250.00
RADIOLOGY							
27	21/04/2024	CT BRAIN - IP	1.00	₹	3,000.00	₹	3,000.00
28	23/04/2024	CHEST AP VIEW	1.00	₹	420.00	₹	420.00

Gross Amount	₹	**35,208.00**
Net Payable	₹	**35,208.00**
Advance Amount	₹	**2,000.00**
Received Amount	₹	**33,208.00**

Received Amount In Words : Thirty-Five Thousand Two Hundred Eight Only

ELAKKIYA
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	2,000.00
2	23/04/2024	MMH/MV/RECBD2024004	CASH	Collected Amount	27,000.00
3	23/04/2024	MMH/MV/RECBD2024004	CARD	Collected Amount	6,208.00