IN PATIENT DETAILED BILL

Patient Name	:	**Mr.JAYAKUMAR**	Patient Id	:	**MHE202400015**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400006
Gender	:	Male	IP No	:	IPE2024000008
Age	:	50 Y 0 M 4 D	Ward/Bed	:	SINGLE ROOM / G-20
Doctor Name	:	Dr.KANNAMMAL DURAISAMY	DOA	:	04/04/2024 5:24PM
Speciality	:	GENERAL MEDICINE	DOD	:	
Entity Type	:	CASH	Bill Date	:	06/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	06/04/2024	ADMISSION CHARGES	1.00	₹	200.00	₹	200.00
BED CHARGES							
2	06/04/2024	BED CHARGES - SINGLE ROOM	2.00 days	₹	1,400.00	₹	2,800.00
DUTY MEDICAL OFFICER CHARGE							
3	06/04/2024	DMO CHARGE	2.00 days	₹	500.00	₹	1,000.00
EQUIPMENT							
4	04/04/2024	NEBULIZER CHARGE	1.00	₹	100.00	₹	100.00
5	05/04/2024	NEBULIZER CHARGE	2.00	₹	100.00	₹	200.00
6	06/04/2024	NEBULIZER CHARGE	1.00	₹	100.00	₹	100.00
LABORATORY							
7	05/04/2024	GLUCOSE (PP 2 HOURS)	1.00	₹	60.00	₹	60.00
8	05/04/2024	GLUCOSE (FASTING)	1.00	₹	60.00	₹	60.00
NURSING CHARGE							
9	06/04/2024	NURSING CHARGE - SINGLE ROOM	2.00 days	₹	500.00	₹	1,000.00
PROFESSIONAL TEAM FEES							
10	04/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	1.00	₹	600.00	₹	600.00
11	05/04/2024	PROFESSIONAL FEES(Dr.SUGANTHI)	1.00	₹	600.00	₹	600.00
12	05/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	1.00	₹	600.00	₹	600.00
13	05/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	1.00	₹	600.00	₹	600.00
14	06/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	1.00	₹	600.00	₹	600.00

Gross Amount	₹	**8,520.00**
Net Payable	₹	**8,520.00**
Received Amount	₹	**8,520.00**

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount

Received Amount In Words : Eight Thousand Five Hundred Twenty Only

LAVANYA MANOKAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/04/2024	MMH/MV/RECBD2024001	CASH	Collected Amount	20.00
2	06/04/2024	MMH/MV/RECBD2024001	CARD	Collected Amount	8,500.00