IN PATIENT DETAILED BILL

Patient Name	:	**Mr.SUBRAMANI**	Patient Id	:	**MHE202400069**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400008
Gender	:	Male	IP No	:	IPE2024000004
Age	:	57 Y 0 M 4 D	Ward/Bed	:	SINGLE ROOM / G-23
Doctor Name	:	Dr.VIDHYA CHARANYAN	DOA	:	04/04/2024 11:50AM
Speciality	:	GENERAL SURGEON	DOD	:	
Entity Type	:	CASH	Bill Date	:	08/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
BED CHARGES							
1	08/04/2024	BED CHARGES - SINGLE ROOM	4.00 days	₹	1,400.00	₹	5,600.00
2	08/04/2024	BED CHARGES - GENERAL WARD	0.50 days	₹	800.00	₹	400.00
DUTY MEDICAL OFFICER CHARGE							
3	08/04/2024	DMO CHARGE	4.00 days	₹	500.00	₹	2,000.00
4	08/04/2024	DMO CHARGE	0.50 days	₹	500.00	₹	250.00
LABORATORY							
5	05/04/2024	CBC	1.00	₹	525.00	₹	525.00
NURSING CHARGE							
6	08/04/2024	NURSING CHARGE - GENERAL WARD	0.50 days	₹	500.00	₹	250.00
7	08/04/2024	NURSING CHARGE - SINGLE ROOM	4.00 days	₹	500.00	₹	2,000.00
OPERATION THEATRE CHARGES							
8	08/04/2024	OT CHARGES	1.00	₹	5,500.00	₹	5,500.00
PROFESSIONAL TEAM FEES							
9	08/04/2024	PROFESSIONAL FEES(Dr.VIDHYA CHARANYAN)	1.00	₹	13,000.00	₹	13,000.00
10	08/04/2024	PROFESSIONAL FEES(Dr.ANANTHA KRISHNAN)	1.00	₹	6,000.00	₹	6,000.00

Gross Amount	₹	**35,525.00**
Net Payable	₹	**35,525.00**
Advance Amount	₹	**30,000.00**
Received Amount	₹	**5,525.00**

Received Amount In Words : Thirty-Five Thousand Five Hundred Twenty-Five Only

LAVANYA MANOKAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/04/2024	MMH/MV/RECAP2024000(	CASH	Advance Amount	20,000.00
2	04/04/2024	MMH/MV/RECAP2024000(	UPI	Advance Amount	10,000.00
3	08/04/2024	MMH/MV/RECBD2024001	UPI	Collected Amount	5,525.00