IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.SANTHI**	Patient Id	:	**MHE202400080**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400005
Gender	:	Female	IP No	:	IPE2024000005
Age	:	42 Y 0 M 2 D	Ward/Bed	:	SINGLE ROOM / 110
Doctor Name	:	Dr.P.NARMADHA	DOA	:	04/04/2024 3:00PM
Speciality	:	OBG&GYN	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
INVESTIGATIONS							
4	05/04/2024	ECHOCARDIOGRAM	1.00	₹	1,750.00	₹	1,750.00
LABORATORY							
5	04/04/2024	GRBS	3.00	₹	50.00	₹	150.00
6	05/04/2024	GRBS	7.00	₹	50.00	₹	350.00
7	06/04/2024	GRBS	3.00	₹	50.00	₹	150.00
8	05/04/2024	URINE COMPLETE EXAMINATION	1.00	₹	168.00	₹	168.00
9	05/04/2024	TSH	1.00	₹	200.00	₹	200.00
NURSING CHARGE							
10	06/04/2024	NURSING CHARGE - SINGLE ROOM	2.00 days	₹	500.00	₹	1,000.00
PROFESSIONAL TEAM FEES							
11	04/04/2024	PROFESSIONAL FEES(Dr.P.NARMADHA)	1.00	₹	600.00	₹	600.00
12	04/04/2024	PROFESSIONAL FEES(Dr.SUGANTHI)	1.00	₹	600.00	₹	600.00
13	05/04/2024	PROFESSIONAL FEES(Dr.P.NARMADHA)	1.00	₹	600.00	₹	600.00
14	06/04/2024	PROFESSIONAL FEES(Dr.P.NARMADHA)	1.00	₹	600.00	₹	600.00
RADIOLOGY							
15	05/04/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	250.00	₹	250.00

Gross Amount	₹	**10,418.00**
Net Payable	₹	**10,418.00**
Advance Amount	₹	**2,000.00**
Received Amount	₹	**8,418.00**

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount

Received Amount In Words : Ten Thousand Four Hundred Eighteen Only

LAVANYA MANOKAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	2,000.00
2	06/04/2024	MMH/MV/RECBD2024001	CASH	Collected Amount	8,418.00