IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.SANGEETHA**	Patient Id	:	**MHE202400135**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400024
Gender	:	Female	IP No	:	IPE2024000024
Age	:	32 Y 0 M 3 D	Ward/Bed	:	GENERAL WARD / BED-2
Doctor Name	:	Dr.P.NARMADHA	DOA	:	15/04/2024 12:33PM
Speciality	:	OBG&GYN	DOD	:	
Entity Type	:	CASH	Bill Date	:	18/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	18/04/2024	ADMISSION CHARGES	1.00	₹	200.00	₹	200.00
BED CHARGES							
2	18/04/2024	BED CHARGES - GENERAL WARD	3.50 days	₹	750.00	₹	2,625.00
DUTY MEDICAL OFFICER CHARGE							
3	18/04/2024	DMO CHARGE	3.50 days	₹	500.00	₹	1,750.00
LABORATORY							
4	18/04/2024	CBG. (CAPILLARY BLOOD GLUCOSE)	15.00	₹	110.00	₹	1,650.00
5	17/04/2024	CBC	1.00	₹	450.00	₹	450.00
6	17/04/2024	TSH	1.00	₹	200.00	₹	200.00
NURSING CHARGE							
7	18/04/2024	NURSING CHARGE - GENERAL WARD	3.50 days	₹	500.00	₹	1,750.00
PROFESSIONAL TEAM FEES							
8	18/04/2024	PROFESSIONAL FEES(Dr.SUGANTHI)	1.00	₹	600.00	₹	600.00
9	18/04/2024	PROFESSIONAL FEES(Dr.P.NARMADHA)	4.00	₹	600.00	₹	2,400.00

Gross Amount	₹	**11,625.00**
Net Payable	₹	**11,625.00**
Advance Amount	₹	**2,000.00**
Received Amount	₹	**9,625.00**

Received Amount In Words : Eleven Thousand Six Hundred Twenty-Five Only

LAVANYA MANOKAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	2,000.00
2	18/04/2024	MMH/MV/RECBD2024003	CASH	Collected Amount	9,625.00