

IN PATIENT DETAILED BILL

| | | | | | |
|--------------|---|----------------|------------|---|---------------------|
| Patient Name | : | Mrs.PADMAVATHI | Patient Id | : | MHE202400158 |
| Patient Type | : | IP | Bill No | : | MMH/MV/IPE202400011 |
| Gender | : | Female | IP No | : | IPE2024000012 |
| Age | : | 30 Y 0 M 0 D | Ward/Bed | : | SINGLE ROOM / S-206 |
| Doctor Name | : | Dr.P.NARMADHA | DOA | : | 09/04/2024 3:06PM |
| Speciality | : | OBG&GYN | DOD | : | |
| Entity Type | : | CASH | Bill Date | : | 09/04/2024 |
| Payer | : | CASH | | | |

| S.No | Date & Time | Particulars | QTY | Unit Rate | Amount |
|-----------------|-------------|---------------------------|-----------|--------------|--------|
| BED CHARGES | | | | | |
| 1 | 09/04/2024 | BED CHARGES - SINGLE ROOM | 0.50 days | ₹ 1,400.00 ₹ | 700.00 |
| Gross Amount | | | | ₹ | 700.00 |
| Net Payable | | | | ₹ | 700.00 |
| Advance Amount | | | | ₹ | 700.00 |
| Received Amount | | | | ₹ | 0.00 |

Received Amount In Words : Seven Hundred Only

ELAKKIYA
Authorized Signtaure

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 09/04/2024 | MMH/MV/RECAP20240001 | CASH | Advance Amount | 700.00 |