IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.RANI CHITRA**	Patient Id	:	**MHE202400209**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400026
Gender	:	Female	IP No	:	IPE2024000034
Age	:	38 Y 0 M 0 D	Ward/Bed	:	SINGLE ROOM / S-206
Doctor Name	:	Dr.P.NARMADHA	DOA	:	19/04/2024 1:17PM
Speciality	:	OBG&GYN	DOD	:	
Entity Type	:	CASH	Bill Date	:	19/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
BED CHARGES							
1	19/04/2024	BED CHARGES - SINGLE ROOM	0.50 days	₹	1,400.00	₹	700.00
DUTY MEDICAL OFFICER CHARGE							
2	19/04/2024	DMO CHARGE	0.50 days	₹	500.00	₹	250.00
NURSING CHARGE							
3	19/04/2024	NURSING CHARGE - SINGLE ROOM	0.50 days	₹	500.00	₹	250.00
PROFESSIONAL TEAM FEES							
4	19/04/2024	PROFESSIONAL FEES(Dr.P.NARMADHA)	1.00	₹	600.00	₹	600.00

Gross Amount	₹	**1,800.00**
Net Payable	₹	**1,800.00**
Advance Amount	₹	**1,000.00**
Received Amount	₹	**800.00**

Received Amount In Words : One Thousand Eight Hundred Only

SANTHIYA
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	1,000.00
2	19/04/2024	MMH/MV/RECBD2024004	CASH	Collected Amount	800.00