IN PATIENT DETAILED BILL

Patient Name	:	**Mrs.POOVATHAL**	Patient Id	:	**MHE202403333**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400039
Gender	:	Female	IP No	:	IPE2024000029
Age	:	56 Y 0 M 20 D	Ward/Bed	:	GENERAL WARD / BED-1
Doctor Name	:	Dr.KANNAMMAL DURAISAMY	DOA	:	17/04/2024 5:28PM
Speciality	:	GENERAL MEDICINE	DOD	:	
Entity Type	:	CASH	Bill Date	:	29/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ADMINISTRATION CHARGES					
1	24/04/2024	ADMISSION CHARGES	1.00	₹ 200.00	₹ 200.00
BED CHARGES					
2	29/04/2024	BED CHARGES - GENERAL WARD	7.00 days	₹ 750.00	₹ 5,250.00
DUTY MEDICAL OFFICER CHARGE					
3	29/04/2024	DMO CHARGE	7.00 days	₹ 500.00	₹ 3,500.00
INVESTIGATIONS					
4	24/04/2024	ECHOCARDIOGRAM	1.00	₹ 1,700.00	₹ 1,700.00
LABORATORY					
5	18/04/2024	CREATININE	1.00	₹ 110.00	₹ 110.00
6	18/04/2024	UREA	1.00	₹ 110.00	₹ 110.00
7	17/04/2024	URINE COMPLETE EXAMINATION	1.00	₹ 150.00	₹ 150.00
8	24/04/2024	URINE COMPLETE EXAMINATION	1.00	₹ 150.00	₹ 150.00
9	18/04/2024	T3 (TOTAL)	1.00	₹ 140.00	₹ 140.00
10	18/04/2024	T4 (TOTAL)	1.00	₹ 140.00	₹ 140.00
11	18/04/2024	CBC	1.00	₹ 450.00	₹ 450.00
12	19/04/2024	PROTHROMBIN TIME	1.00	₹ 210.00	₹ 210.00
13	18/04/2024	TSH	1.00	₹ 200.00	₹ 200.00
14	21/04/2024	TSH	1.00	₹ 200.00	₹ 200.00
NURSING CHARGE					
15	29/04/2024	NURSING CHARGE - GENERAL WARD	7.00 days	₹ 500.00	₹ 3,500.00
PROFESSIONAL TEAM FEES					
16	24/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	6.00	₹ 600.00	₹ 3,600.00
17	24/04/2024	PROFESSIONAL FEES(Dr.SUGANTHI)	1.00	₹ 600.00	₹ 600.00
18	24/04/2024	PROFESSIONAL FEES(Dr.SARAVANAN)	1.00	₹ 600.00	₹ 600.00
19	24/04/2024	PROFESSIONAL FEES(Dr.RAMASUBRAMANIYAM)	1.00	₹ 600.00	₹ 600.00

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
RADIOLOGY					
20	17/04/2024	ECG - OP	1.00	₹ 210.00	₹ 210.00

Gross Amount	₹	**21,620.00**
Discount Amount	₹	**1,620.00**
Net Payable	₹	**20,000.00**
Advance Amount	₹	**20,000.00**
Received Amount	₹	**0.00**

Received Amount In Words : Twenty Thousand Only

LAVANYA MANOKAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	2,000.00
2	24/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	7,000.00
3	24/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	11,000.00