

IN PATIENT DETAILED BILL

|              |                          |            |                       |
|--------------|--------------------------|------------|-----------------------|
| Patient Name | : Mrs.PRIYA              | Patient Id | : MHE202418740        |
| Patient Type | : IP                     | Bill No    | : MMH/MV/IPE202400053 |
| Gender       | : Female                 | IP No      | : IPE2024000058       |
| Age          | : 30 Y 0 M 2 D           | Ward/Bed   | : SINGLE ROOM / G-24  |
| Doctor Name  | : Dr.PARTHIBAN DURAISAMY | DOA        | : 03/05/2024 11:00AM  |
| Speciality   | : NEUROLOGIST            | DOD        | :                     |
| Entity Type  | : CASH                   | Bill Date  | : 05/05/2024          |
| Payer        | : CASH                   |            |                       |

| S.No                        | Date & Time | Particulars                               | QTY       |   | Unit Rate  | Amount    |
|-----------------------------|-------------|-------------------------------------------|-----------|---|------------|-----------|
| ADMINISTRATION CHARGES      |             |                                           |           |   |            |           |
| 1                           | 05/05/2024  | ADMISSION CHARGES                         | 1.00      | ₹ | 200.00 ₹   | 200.00    |
| BED CHARGES                 |             |                                           |           |   |            |           |
| 2                           | 05/05/2024  | BED CHARGES - SINGLE ROOM                 | 1.00 days | ₹ | 1,400.00 ₹ | 1,400.00  |
| 3                           | 05/05/2024  | BED CHARGES - SINGLE ROOM                 | 0.50 days | ₹ | 1,400.00 ₹ | 700.00    |
| 4                           | 05/05/2024  | BED CHARGES - ICU                         | 2.00 days | ₹ | 4,000.00 ₹ | 8,000.00  |
| DUTY MEDICAL OFFICER CHARGE |             |                                           |           |   |            |           |
| 5                           | 05/05/2024  | DMO CHARGE                                | 1.00 days | ₹ | 750.00 ₹   | 750.00    |
| 6                           | 05/05/2024  | DMO CHARGE                                | 2.00 days | ₹ | 700.00 ₹   | 1,400.00  |
| 7                           | 05/05/2024  | DMO CHARGE                                | 0.50 days | ₹ | 500.00 ₹   | 250.00    |
| EQUIPMENT                   |             |                                           |           |   |            |           |
| 8                           | 04/05/2024  | OXYGEN PER DAY CHARGES                    | 0.50      | ₹ | 2,500.00 ₹ | 1,250.00  |
| 9                           | 04/05/2024  | MONITOR CHARGE 1 DAY                      | 1.00      | ₹ | 600.00 ₹   | 600.00    |
| 10                          | 05/05/2024  | NEBULIZER CHARGE                          | 1.00      | ₹ | 100.00 ₹   | 100.00    |
| NURSING CHARGE              |             |                                           |           |   |            |           |
| 11                          | 05/05/2024  | NURSING CHARGE - ICU                      | 2.00 days | ₹ | 600.00 ₹   | 1,200.00  |
| 12                          | 05/05/2024  | NURSING CHARGE - SINGLE ROOM              | 1.00 days | ₹ | 600.00 ₹   | 600.00    |
| 13                          | 05/05/2024  | NURSING CHARGE - SINGLE ROOM              | 0.50 days | ₹ | 500.00 ₹   | 250.00    |
| PROFESSIONAL TEAM FEES      |             |                                           |           |   |            |           |
| 14                          | 04/05/2024  | PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY) | 3.00      | ₹ | 1,200.00 ₹ | 3,600.00  |
| 15                          | 04/05/2024  | PROFESSIONAL FEES(Dr.SARAVANAN)           | 2.00      | ₹ | 1,200.00 ₹ | 2,400.00  |
| 16                          | 04/05/2024  | PROFESSIONAL FEES(Dr.PARTHASARATHY ANAND) | 2.00      | ₹ | 1,200.00 ₹ | 2,400.00  |
| Gross Amount                |             |                                           |           |   | ₹          | 25,100.00 |
| Net Payable                 |             |                                           |           |   | ₹          | 25,100.00 |
| Advance Amount              |             |                                           |           |   | ₹          | 5,000.00  |
| Received Amount             |             |                                           |           |   | ₹          | 20,100.00 |

Received Amount In Words : Twenty-Five Thousand One Hundred Only

SUBHASHREE  
Authorized Signature

| S.No | Date & Time | Particulars | QTY | Unit Rate | Amount |
|------|-------------|-------------|-----|-----------|--------|
|------|-------------|-------------|-----|-----------|--------|

Payment History

| S.No | Receipt Date | Receipt Code        | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1    | 03/05/2024   | MMH/MV/RECAP2024001 | CASH         | Advance Amount   | 5,000.00        |
| 2    | 05/05/2024   | MMH/MV/RECBD2024007 | UPI          | Collected Amount | 20,100.00       |