

IN PATIENT DETAILED BILL

Patient Name	:	Mrs.JOTHIMANI	Patient Id	:	MHE202420941
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400009
Gender	:	Female	IP No	:	IPE2024000009
Age	:	40 Y 0 M 1 D	Ward/Bed	:	SINGLE ROOM / G-19
Doctor Name	:	Dr.PARTHIBAN DURAISAMY	DOA	:	08/04/2024 12:19AM
Speciality	:	NEUROLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	08/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	08/04/2024	ADMISSION CHARGES	1.00	₹	200.00	₹	200.00
BED CHARGES							
2	08/04/2024	BED CHARGES - SINGLE ROOM	1.00 days	₹	1,400.00	₹	1,400.00
DUTY MEDICAL OFFICER CHARGE							
3	08/04/2024	DMO CHARGE	1.00 days	₹	500.00	₹	500.00
EQUIPMENT							
4	08/04/2024	INFUSION PUMP CHARGE MINIMUM	1.00	₹	750.00	₹	750.00
5	08/04/2024	MONITOR CHARGE ½ DAY	1.00	₹	1,000.00	₹	1,000.00
GENERAL PROCEDURE							
6	08/04/2024	DRESSING CHARGES	1.00	₹	450.00	₹	450.00
7	08/04/2024	SUTURING CHARGE > 4 BITES	6.00	₹	100.00	₹	600.00
LABORATORY							
8	08/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
9	08/04/2024	GRBS	1.00	₹	50.00	₹	50.00
NURSING CHARGE							
10	08/04/2024	NURSING CHARGE - SINGLE ROOM	1.00 days	₹	500.00	₹	500.00
OP REGISTRATION							
11	08/04/2024	IP REGISTRATION CHARGES	1.00	₹	200.00	₹	200.00
PROFESSIONAL TEAM FEES							
12	08/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DUR AISAMY)	1.00	₹	1,000.00	₹	1,000.00
13	08/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DUR AISAMY)	2.00	₹	1,800.00	₹	3,600.00
Gross Amount					₹		10,790.00
Net Payable					₹		10,790.00
Advance Amount					₹		10,790.00
Received Amount					₹		0.00

Received Amount In Words : Ten Thousand Seven Hundred Ninety Only

SANTHIYA
Authorized Signtaure

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	5,000.00
2	08/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	5,000.00
3	08/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	790.00