IN PATIENT DETAILED BILL

Patient Name	:	**Ms.VANITHA**	Patient Id	:	**MHE202420946**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400010
Gender	:	Female	IP No	:	IPE2024000011
Age	:	15 Y 0 M 1 D	Ward/Bed	:	SINGLE ROOM / G-20
Doctor Name	:	Dr.KANNAMMAL DURAISAMY	DOA	:	08/04/2024 2:04PM
Speciality	:	GENERAL MEDICINE	DOD	:	
Entity Type	:	CASH	Bill Date	:	09/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ADMINISTRATION CHARGES					
1	09/04/2024	ADMISSION CHARGES	1.00	₹ 200.00	₹ 200.00
BED CHARGES					
2	09/04/2024	BED CHARGES - SINGLE ROOM	1.50 days	₹ 1,400.00	₹ 2,100.00
DUTY MEDICAL OFFICER CHARGE					
3	09/04/2024	DMO CHARGE	1.50 days	₹ 500.00	₹ 750.00
GENERAL PROCEDURE					
4	09/04/2024	STOMACH WASH	1.00	₹ 10,000.00	₹ 10,000.00
NURSING CHARGE					
5	09/04/2024	NURSING CHARGE - SINGLE ROOM	1.50 days	₹ 500.00	₹ 750.00
PROFESSIONAL TEAM FEES					
6	09/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	2.00	₹ 600.00	₹ 1,200.00
7	09/04/2024	PROFESSIONAL FEES(Dr.SARAVANAN)	2.00	₹ 600.00	₹ 1,200.00

Gross Amount	₹	**16,200.00**
Net Payable	₹	**16,200.00**
Advance Amount	₹	**12,000.00**
Received Amount	₹	**4,200.00**

Received Amount In Words : Sixteen Thousand Two Hundred Only

MOHANAPRIYA
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	12,000.00
2	09/04/2024	MMH/MV/RECBD2024001	CASH	Collected Amount	4,200.00