IN PATIENT DETAILED BILL

Patient Name	:	**Mr.SUNIL**	Patient Id	:	**MHE202420950**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400027
Gender	:	Male	IP No	:	IPE2024000013
Age	:	42 Y 0 M 12 D	Ward/Bed	:	SINGLE ROOM / G-19
Doctor Name	:	Dr.PARTHIBAN DURAISAMY	DOA	:	09/04/2024 4:10PM
Speciality	:	NEUROLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	20/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ACCIDENT / TRAUMA (MLC) REGISTRATION							
1	15/04/2024	MLC REGISTRATION CHARGE (IP)	1.00	₹	5,000.00	₹	5,000.00
BED CHARGES							
2	20/04/2024	BED CHARGES - SINGLE ROOM	6.50 days	₹	1,400.00	₹	9,100.00
DUTY MEDICAL OFFICER CHARGE							
3	20/04/2024	DMO CHARGE	6.50 days	₹	500.00	₹	3,250.00
GENERAL PROCEDURE							
4	11/04/2024	DRESSING CHARGE (SMALL)	6.00	₹	150.00	₹	900.00
LABORATORY							
5	09/04/2024	CREATININE	1.00	₹	120.00	₹	120.00
6	09/04/2024	UREA	1.00	₹	120.00	₹	120.00
7	09/04/2024	GLUCOSE (RANDOM)	1.00	₹	60.00	₹	60.00
8	09/04/2024	ELECTROLYTES	1.00	₹	540.00	₹	540.00
9	09/04/2024	CBC	1.00	₹	525.00	₹	525.00
10	09/04/2024	ESR	1.00	₹	240.00	₹	240.00
11	09/04/2024	SEROLOGY (HIV / HBSAG / HCV) CARD	1.00	₹	864.00	₹	864.00
NURSING CHARGE							
12	20/04/2024	NURSING CHARGE - SINGLE ROOM	6.50 days	₹	500.00	₹	3,250.00
PHYSIOTHERAPY							
13	11/04/2024	PHYSIOTHERAPHY CHARGES	1.00	₹	400.00	₹	400.00
PROFESSIONAL TEAM FEES							
14	11/04/2024	PROFESSIONAL FEES(Dr.DHINESH)	1.00	₹	500.00	₹	500.00
RADIOLOGY							
15	09/04/2024	CHEST PA VIEW	1.00	₹	420.00	₹	420.00
16	09/04/2024	FOOT AP/OBLIQUE VIEW (RIGHT)	1.00	₹	600.00	₹	600.00
17	09/04/2024	HAND AP/OBLIQUE (LEFT)	1.00	₹	550.00	₹	550.00

Gross Amount	₹	**26,439.00**
Net Payable	₹	**26,439.00**
Received Amount	₹	**26,439.00**

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount

Received Amount In Words : Twenty-Six Thousand Four Hundred Thirty-Nine Only

LAVANYA MANOKAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/04/2024	MMH/MV/RECBD2024004	CASH	Collected Amount	26,439.00