IN PATIENT DETAILED BILL

Patient Name	:	**Mr.CHINNAPPAN**	Patient Id	:	**MHE202420982**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400023
Gender	:	Male	IP No	:	IPE2024000019
Age	:	77 Y 0 M 6 D	Ward/Bed	:	SINGLE ROOM / 110
Doctor Name	:	Dr.PARTHIBAN DURAISAMY	DOA	:	12/04/2024 11:25AM
Speciality	:	NEUROLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	18/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	18/04/2024	ADMISSION CHARGES	1.00	₹	200.00	₹	200.00
BED CHARGES							
2	18/04/2024	BED CHARGES - SINGLE ROOM	6.50 days	₹	1,400.00	₹	9,100.00
DUTY MEDICAL OFFICER CHARGE							
3	18/04/2024	DMO CHARGE	6.50 days	₹	500.00	₹	3,250.00
GENERAL PROCEDURE							
4	18/04/2024	DRESSING CHARGE (SMALL)	4.00	₹	150.00	₹	600.00
LABORATORY							
5	18/04/2024	CBG. (CAPILLARY BLOOD GLUCOSE)	16.00	₹	120.00	₹	1,920.00
NURSING CHARGE							
6	18/04/2024	NURSING CHARGE - SINGLE ROOM	6.50 days	₹	500.00	₹	3,250.00
PROFESSIONAL TEAM FEES							
7	18/04/2024	PROFESSIONAL FEES(Dr.SUGANTHI)	1.00	₹	600.00	₹	600.00
8	18/04/2024	PROFESSIONAL FEES(Dr.VIDHYA CHARANYAN)	1.00	₹	600.00	₹	600.00
9	18/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	5.00	₹	600.00	₹	3,000.00

Gross Amount	₹	**22,520.00**
Net Payable	₹	**22,520.00**
Advance Amount	₹	**7,000.00**
Received Amount	₹	**15,520.00**

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

LAVANYA MANOKAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	2,000.00
2	14/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	5,000.00
3	18/04/2024	MMH/MV/RECBD2024003	CASH	Collected Amount	15,520.00

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount