

IN PATIENT DETAILED BILL

Patient Name	: Mrs.PALANIYAMMAL	Patient Id	: MHE202420984
Patient Type	: IP	Bill No	: MMH/MV/IPE202400021
Gender	: Female	IP No	: IPE2024000020
Age	: 40 Y 0 M 5 D	Ward/Bed	: GENERAL WARD / BED-1
Doctor Name	: Dr.PARTHIBAN DURAISAMY	DOA	: 12/04/2024 12:40PM
Speciality	: NEUROLOGIST	DOD	:
Entity Type	: CASH	Bill Date	: 17/04/2024
Payer	: CASH		

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ADMINISTRATION CHARGES					
1	17/04/2024	ADMISSION CHARGES	1.00	₹ 200.00	₹ 200.00
BED CHARGES					
2	17/04/2024	BED CHARGES - GENERAL WARD	6.00 days	₹ 800.00	₹ 4,800.00
DUTY MEDICAL OFFICER CHARGE					
3	17/04/2024	DMO CHARGE	6.00 days	₹ 600.00	₹ 3,600.00
NURSING CHARGE					
4	17/04/2024	NURSING CHARGE - GENERAL WARD	6.00 days	₹ 600.00	₹ 3,600.00
PHYSIOTHERAPY					
5	17/04/2024	PHYSIOTHERAPHY CHARGES	9.00	₹ 450.00	₹ 4,050.00
PROFESSIONAL TEAM FEES					
6	17/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	5.00	₹ 1,000.00	₹ 5,000.00
Gross Amount				₹	21,250.00
Net Payable				₹	21,250.00
Advance Amount				₹	2,000.00
Received Amount				₹	19,250.00

Received Amount In Words : Twenty-One Thousand Two Hundred Fifty Only

SUBHASHREE VASUDEWAN
Authorized Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/04/2024	MMH/MV/RECAP20240002	CASH	Advance Amount	2,000.00
2	17/04/2024	MMH/MV/RECB2024003	CASH	Collected Amount	9,250.00
3	17/04/2024	MMH/MV/RECB2024003	UPI	Collected Amount	10,000.00