IN PATIENT DETAILED BILL

Patient Name	:	**Mr.P.K. SEETHAPPAN**	Patient Id	:	**MHE202420989**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400019
Gender	:	Male	IP No	:	IPE2024000021
Age	:	40 Y 0 M 4 D	Ward/Bed	:	SINGLE ROOM / G-23
Doctor Name	:	Dr.KANNAMMAL DURAISAMY	DOA	:	12/04/2024 8:43PM
Speciality	:	GENERAL MEDICINE	DOD	:	
Entity Type	:	CASH	Bill Date	:	16/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	16/04/2024	ADMISSION CHARGES	1.00	₹	200.00	₹	200.00
BED CHARGES							
2	16/04/2024	BED CHARGES - SINGLE ROOM	4.00 days	₹	1,400.00	₹	5,600.00
DUTY MEDICAL OFFICER CHARGE							
3	16/04/2024	DMO CHARGE	4.00 days	₹	500.00	₹	2,000.00
LABORATORY							
4	13/04/2024	CBC	1.00	₹	525.00	₹	525.00
5	14/04/2024	CBC	1.00	₹	525.00	₹	525.00
6	15/04/2024	CBC	1.00	₹	525.00	₹	525.00
7	16/04/2024	CBC	1.00	₹	525.00	₹	525.00
NURSING CHARGE							
8	16/04/2024	NURSING CHARGE - SINGLE ROOM	4.00 days	₹	500.00	₹	2,000.00
PROFESSIONAL TEAM FEES							
9	16/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	4.00	₹	600.00	₹	2,400.00

Gross Amount	₹	**14,300.00**
Net Payable	₹	**14,300.00**
Advance Amount	₹	**6,000.00**
Received Amount	₹	**8,300.00**

Received Amount In Words : Fourteen Thousand Three Hundred 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	UPI	Advance Amount	4,000.00
3	16/04/2024	MMH/MV/RECBD2024003	CASH	Collected Amount	4,000.00
4	16/04/2024	MMH/MV/RECBD2024003	UPI	Collected Amount	4,300.00