

IN PATIENT DETAILED BILL

Patient Name	:	Mrs.VALLIYAMMAL	Patient Id	:	MHE202421008
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400022
Gender	:	Female	IP No	:	IPE2024000025
Age	:	83 Y 0 M 3 D	Ward/Bed	:	SINGLE ROOM / 108
Doctor Name	:	Dr.KANNAMMAL DURAISAMY	DOA	:	15/04/2024 12:43PM
Speciality	:	GENERAL MEDICINE	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	0.50 days	₹	1,400.00 ₹	700.00
3	18/04/2024	BED CHARGES - SINGLE ROOM	3.00 days	₹	1,400.00 ₹	4,200.00
DUTY MEDICAL OFFICER CHARGE						
4	18/04/2024	DMO CHARGE	0.50 days	₹	500.00 ₹	250.00
5	18/04/2024	DMO CHARGE	3.00 days	₹	500.00 ₹	1,500.00
LABORATORY						
6	16/04/2024	GLUCOSE(PP)	1.00	₹	60.00 ₹	60.00
7	16/04/2024	GLUCOSE (FASTING)	1.00	₹	60.00 ₹	60.00
8	16/04/2024	HBA1C	1.00	₹	558.00 ₹	558.00
9	16/04/2024	LIPID PROFILE	1.00	₹	576.00 ₹	576.00
NURSING CHARGE						
10	18/04/2024	NURSING CHARGE - SINGLE ROOM	3.00 days	₹	500.00 ₹	1,500.00
11	18/04/2024	NURSING CHARGE - SINGLE ROOM	0.50 days	₹	500.00 ₹	250.00
PROFESSIONAL TEAM FEES						
12	18/04/2024	PROFESSIONAL FEES(Dr.KANNAMMAL DURAISAMY)	4.00	₹	600.00 ₹	2,400.00
13	18/04/2024	PROFESSIONAL FEES(Dr.SUGANTHI)	1.00	₹	600.00 ₹	600.00
RADIOLOGY						
14	18/04/2024	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹	250.00 ₹	250.00

Gross Amount	₹	13,104.00
Net Payable	₹	13,104.00
Advance Amount	₹	6,000.00
Received Amount	₹	7,104.00

Received Amount In Words : Thirteen Thousand One Hundred Four Only

LAVANYA MANOKAR
Authorized Signataure

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/04/2024	MMH/MV/RECAP20240003	CASH	Advance Amount	2,000.00
2	16/04/2024	MMH/MV/RECAP20240003	CASH	Advance Amount	4,000.00
3	18/04/2024	MMH/MV/RECBD2024003	CASH	Collected Amount	7,104.00