IN PATIENT DETAILED BILL

Patient Name	:	**Baby.ABHI NANTHAN**	Patient Id	:	**MHE202421035**
Patient Type	:	IP	Bill No	:	MMH/MV/IPE202400028
Gender	:	Male	IP No	:	IPE2024000032
Age	:	1 Y 0 M 2 D	Ward/Bed	:	SINGLE ROOM / G-24
Doctor Name	:	Dr.PARTHIBAN DURAISAMY	DOA	:	18/04/2024 11:50PM
Speciality	:	NEUROLOGIST	DOD	:	
Entity Type	:	CASH	Bill Date	:	20/04/2024
Payer	:	CASH			

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ADMINISTRATION CHARGES					
1	20/04/2024	ADMISSION CHARGES	1.00	₹ 200.00	₹ 200.00
BED CHARGES					
2	20/04/2024	BED CHARGES - SINGLE ROOM	2.00 days	₹ 1,400.00	₹ 2,800.00
DUTY MEDICAL OFFICER CHARGE					
3	20/04/2024	DMO CHARGE	2.00 days	₹ 500.00	₹ 1,000.00
EQUIPMENT					
4	20/04/2024	INFUSION PUMP CHARGE 1 DAY	1.00	₹ 1,300.00	₹ 1,300.00
LABORATORY					
5	19/04/2024	CALCIUM	1.00	₹ 216.00	₹ 216.00
6	19/04/2024	MAGNESIUM	1.00	₹ 408.00	₹ 408.00
7	19/04/2024	URINE COMPLETE EXAMINATION	1.00	₹ 168.00	₹ 168.00
8	18/04/2024	CBC	1.00	₹ 525.00	₹ 525.00
9	19/04/2024	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹ 360.00	₹ 360.00
NURSING CHARGE					
10	20/04/2024	NURSING CHARGE - SINGLE ROOM	2.00 days	₹ 500.00	₹ 1,000.00
PROFESSIONAL TEAM FEES					
11	20/04/2024	PROFESSIONAL FEES(Dr.S.KANIMOZHI)	1.00	₹ 600.00	₹ 600.00
12	20/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	3.00	₹ 750.00	₹ 2,250.00
13	20/04/2024	PROFESSIONAL FEES(Dr.SARAVANAN)	2.00	₹ 600.00	₹ 1,200.00
RADIOLOGY					
14	19/04/2024	CHEST AP VIEW	1.00	₹ 420.00	₹ 420.00

Gross Amount	₹	**12,447.00**
Net Payable	₹	**12,447.00**
Advance Amount	₹	**3,000.00**
Received Amount	₹	**9,447.00**

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount

Received Amount In Words : Twelve Thousand Four Hundred Forty-Seven Only

ELAKKIYA
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	3,000.00
2	20/04/2024	MMH/MV/RECBD2024004	CASH	Collected Amount	9,447.00