

IN PATIENT DETAILED BILL

Patient Name	: Mrs.RAVEENA	Patient Id	: MHE202421054
Patient Type	: IP	Bill No	: MMH/MV/IPE202400033
Gender	: Female	IP No	: IPE2024000038
Age	: 24 Y 0 M 4 D	Ward/Bed	: SINGLE ROOM / 109
Doctor Name	: Dr.PARTHIBAN DURAISAMY	DOA	: 21/04/2024 2:53PM
Speciality	: NEUROLOGIST	DOD	:
Entity Type	: CASH	Bill Date	: 25/04/2024
Payer	: CASH		

S.No	Date & Time	Particulars	QTY	Unit Rate	Amount
ADMINISTRATION CHARGES					
1	25/04/2024	ADMISSION CHARGES	1.00	₹ 200.00 ₹	200.00
BED CHARGES					
2	25/04/2024	BED CHARGES - SINGLE ROOM	4.00 days	₹ 1,400.00 ₹	5,600.00
DUTY MEDICAL OFFICER CHARGE					
3	25/04/2024	DMO CHARGE	4.00 days	₹ 500.00 ₹	2,000.00
NURSING CHARGE					
4	25/04/2024	NURSING CHARGE - SINGLE ROOM	4.00 days	₹ 500.00 ₹	2,000.00
PROFESSIONAL TEAM FEES					
5	24/04/2024	PROFESSIONAL FEES(Dr.R.JAYACHANDRAN)	1.00	₹ 600.00 ₹	600.00
6	24/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	4.00	₹ 600.00 ₹	2,400.00
Gross Amount				₹	12,800.00
Net Payable				₹	12,800.00
Advance Amount				₹	10,200.00
Received Amount				₹	2,600.00

Received Amount In Words : Twelve Thousand Eight Hundred Only

LAVANYA MANOKAR
Authorized Signtaure

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/04/2024	MMH/MV/RECAP20240004	CASH	Advance Amount	2,000.00
2	24/04/2024	MMH/MV/RECAP20240005	CASH	Advance Amount	5,000.00
3	24/04/2024	MMH/MV/RECAP20240006	UPI	Advance Amount	3,000.00
4	24/04/2024	MMH/MV/RECAP20240006	UPI	Advance Amount	50.00
5	24/04/2024	MMH/MV/RECAP20240006	CASH	Advance Amount	150.00
6	25/04/2024	MMH/MV/RECBD2024005	UPI	Collected Amount	2,600.00