

IN PATIENT DETAILED BILL

Patient Name	: Baby.SUBIKSHAN	Patient Id	: MHE202421056
Patient Type	: IP	Bill No	: MMH/MV/IPE202400036
Gender	: Male	IP No	: IPE2024000039
Age	: 3 Y 0 M 5 D	Ward/Bed	: SINGLE ROOM / G-19
Doctor Name	: Dr.PARTHIBAN DURAISAMY	DOA	: 21/04/2024 10:26PM
Speciality	: NEUROLOGIST	DOD	:
Entity Type	: CASH	Bill Date	: 26/04/2024
Payer	: CASH		

S.No	Date & Time	Particulars	QTY		Unit Rate		Amount
ADMINISTRATION CHARGES							
1	26/04/2024	ADMISSION CHARGES	1.00	₹	200.00	₹	200.00
BED CHARGES							
2	26/04/2024	BED CHARGES - GENERAL WARD	2.00 days	₹	750.00	₹	1,500.00
3	26/04/2024	BED CHARGES - SINGLE ROOM	3.50 days	₹	1,400.00	₹	4,900.00
DUTY MEDICAL OFFICER CHARGE							
4	26/04/2024	DMO CHARGE	3.50 days	₹	500.00	₹	1,750.00
5	26/04/2024	DMO CHARGE	2.00 days	₹	500.00	₹	1,000.00
EQUIPMENT							
6	26/04/2024	INFUSION PUMP CHARGE 1 DAY	4.00	₹	1,850.00	₹	7,400.00
LABORATORY							
7	21/04/2024	CBC	1.00	₹	450.00	₹	450.00
8	21/04/2024	C.R.P. (C-REACTIVE PROTEIN)	1.00	₹	320.00	₹	320.00
NURSING CHARGE							
9	26/04/2024	NURSING CHARGE - SINGLE ROOM	3.50 days	₹	500.00	₹	1,750.00
10	26/04/2024	NURSING CHARGE - GENERAL WARD	2.00 days	₹	500.00	₹	1,000.00
PROFESSIONAL TEAM FEES							
11	24/04/2024	PROFESSIONAL FEES(Dr.PARTHIBAN DURAISAMY)	5.00	₹	600.00	₹	3,000.00
RADIOLOGY							
12	23/04/2024	CT - BRAIN PLAIN	1.00	₹	2,520.00	₹	2,520.00

Gross Amount	₹	25,790.00
Net Payable	₹	25,790.00
Advance Amount	₹	12,000.00
Received Amount	₹	13,790.00

Received Amount In Words : Twenty-Five Thousand Seven Hundred Ninety Only

ELAKKIYA
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	21/04/2024	MMH/MV/RECAP20240005	CASH	Advance Amount	2,000.00
2	21/04/2024	MMH/MV/RECAP20240005	UPI	Advance Amount	2,000.00
3	23/04/2024	MMH/MV/RECAP20240005	CASH	Advance Amount	3,000.00
4	24/04/2024	MMH/MV/RECAP20240005	CASH	Advance Amount	5,000.00
5	26/04/2024	MMH/MV/RECBD2024005	CASH	Collected Amount	13,790.00