

# Hospital Billing

by MicroDot Softwares



Product : MicroDot Softwares [ Microdot Framework 7.2 ]

Database : Microdot

-  Bill Entry
-  Company Master
-  Test Master
-  Today Bill





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Company Master

List for Finding Existing Records:

New Edit Delete Find Print Other Exit

Company Name: ABC HOSPITAL

Address:

Telephone:

Person:

E Mail:

Bcc Mail:

Logo:

Alias:

Location:

Fax:

Mobile:

Cc Mail:

Web Site:

Extra:

Company





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Bill Entry



Company Master



Test Master



Today Bill

User Master

Save Undo Delete Find Print Other Exit

List for Finding Existing Record: MICRODOT List

Name: MICRODOT

Type: USER

Address: [Text Field]

Zip Code: [Text Field]

Telephone: [Text Field]

Mobile: [Text Field]

Email: [Text Field]

User Set: [List Box]

User Group: [List Box]

Group Access:  Use Group Access ?

Detail / Remark: [Text Field]

Picture: PICTURE\INDIA.JPG [Image Icon]

Custom Access: [List Box] [Change] [Image Icon]

Show Pwd Change Pwd Edit Access Copy Access Delete Access

User





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List for Finding Existing Records:  
CHECKUP

New Edit Delete Find Print Other Exit

Test / Charges: CHECKUP  
Amount: 500.00  
Order: 0

Test





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### Bill Entry

List for Finding Existing Records: 00001/16-17 [List]

**Bill No:** 00001/16-17 **Bill Date:** 08/03/2017  
**Ref No:** **Bill Type:** MORNING  
**Patient Name:** HARSHAL **Reference:** VIKAS  
**Contact Number:** 9878966895 **Age:** 25  
**Remark:** **Balance Amount:** 200.00

Order	Test/Charges	Amount	Pay Amnt	Pay Type	Pay Date	Same
0	CHECKUP	500.00	300.00	CASH	08/03/2017	<input checked="" type="checkbox"/> Y/N

[Add] [Remove]

**Bill** [Edit] [Label] [Print]





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Bill Entry

Company Master

Test Master

Today Bill

Bill Entry

New Edit Delete Find Print Other Exit

List for Finding Existing Records: 00001/16-17 List

Bill No: Ref No: Patient Name: Contact Number: Remark:

Selection List

- Bill Register
- Bill Report
- Contact Label
- Form 3C
- Multiple Label
- Payment Register

Order

Order	Name	Y/N
0		

Ok Cancel

Add Remove

Bill Edit Label Print





Print Preview

Navigation icons: back, forward, search, zoom (100%), print, refresh.

**ABC HO SPITAL**  
**Bill Register**

Date Range: 08/03/2017 - 08/03/2017  
Type: MORNING

No.	Bill No	Bill Date	Patient Name	Contact	Reference	Remark	Bill Amnt	Cash Amnt	Card Amnt	Chq Amnt	Balance
1	00001/16-17	08/03/2017	HARSHAL	9878966895	VIKAS		500.00	300.00	0.00	0.00	200.00
						Total :	500.00	300.00	0.00	0.00	200.00





Print Preview

Navigation icons: back, forward, search, zoom (100%), zoom in, zoom out, print.

**ABC HO SPITAL**  
**Payment Register**

Date Range: 08/03/2017 - 08/03/2017

No.	Bill No	Bill Date	Ref No	Patient Name	Bill Amnt	Pay Date	Cash Amnt	Card Amnt	Chq Amnt	Balance
1	00001/16-17	08/03/2017		HARSHAL	0.00	08/03/2017	300.00			200.00
				Total :	0.00		300.00	0	0	200.00



Bill Entry

Filter Field:   Filter Value:

Bill No	Bill Date	Patient Name	Age	Contact Number	Remark
00001/16-17	08/03/2017	HARSHAL	25	9878966895	

