

IN PATIENT SUMMARY BILL

UHID : MH05612

IP No : IP2024001454

Patient name : Mrs.SHANTHAKUMARI.C.P.

Age : 75 Y 0 M 2 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401399

Bill Date : 30/06/2024

DOA : 28/6/2024 10:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	BED CHARGES	₹ 9,900.00
2	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
3	LABORATORY	₹ 2,820.00
4	NURSING CHARGE	₹ 1,600.00
5	PROFESSIONAL TEAM FEES	₹ 3,000.00
6	RADIOLOGY	₹ 1,080.00
Gross Amount		₹ 19,900.00
Net Payable		₹ 19,900.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 9,900.00

Received Amount in Words : Nineteen Thousand Nine Hundred Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/28/2024	MMH/MH/RECH202402406	CARD	Advance Amount	10,000.00
2	6/30/2024	MMH/MH/REDH202414012	CHEQUE	Collected Amount	1,000.00
3	6/30/2024	MMH/MH/REDH202414013	CARD	Collected Amount	8,900.00