

IN PATIENT SUMMARY BILL

UHID : MH16525

IP No : IP2024001582

Patient name : Mrs.SHARMILA JAIN

Age : 50 Y 0 M 8 D/Female

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202401517

Bill Date : 17/07/2024

DOA : 14/7/2024 10:43PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	LABORATORY	₹ 7,704.00
5	NURSING CHARGE	₹ 2,400.00
6	OPERATION THEATRE CHARGES	₹ 13,850.00
7	PROFESSIONAL TEAM FEES	₹ 44,000.00
8	RADIOLOGY	₹ 1,720.00
Gross Amount		₹ 84,874.00
Net Payable		₹ 84,874.00
Advance Amount		₹ 84,874.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Four Thousand Eight Hundred Seventy-Four Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/14/2024	MMH/MH/RECH202402648	CASH	Advance Amount	30,000.00
2	7/17/2024	MMH/MH/RECH202402689	CASH	Advance Amount	9,874.00
3	7/17/2024	MMH/MH/RECH202402690	CARD	Advance Amount	15,000.00
4	7/17/2024	MMH/MH/RECH202402691	UPI	Advance Amount	30,000.00