IN PATIENT SUMMARY BILL

UHID : MMH/MH/IP202401691 : MH25778 Bill No

: IP2024001755 Bill Date IP No

: 06/08/2024 : 5/8/2024 5:27PM Patient name : Mrs.HEERA BEGAM DOA

: 62 Y 10 M 5 D/Female DOD Age

Entity Type : CASH Entity Name : CASH

Consultant Name : Dr.ARUN KUMAR.I

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	1,100.00
3	DUTY MEDICAL OFFICER CHARGE		₹	750.00
4	LABORATORY		₹	756.00
5	NURSING CHARGE		₹	800.00
6	TRANSPORT		₹	1,000.00
		Gross Amount	₹	4,756.00
		Net Payable	₹	4,756.00
		Advance Amount	₹	5,000.00
		Received Amount	₹	0.00
		Refund Amount	₹	244.00

: Five Thousand Only SUDHA.M **Received Amount in Words Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/5/2024	MMH/MH/RECH202403008	UPI	Advance Amount	5,000.00