

IN PATIENT SUMMARY BILL

UHID : MH27471

IP No : IP2024002072

Patient name : Mrs.KANCHANA M

Age : 43 Y 1 M 6 D/Female

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202402023

Bill Date : 21/09/2024

DOA : 18/9/2024 9:08AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,550.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 144.00
7	NURSING CHARGE	₹ 2,400.00
8	OPERATION THEATRE CHARGES	₹ 12,850.00
9	PHYSIOTHERAPY	₹ 2,400.00
10	PROCEDURE CHARGES	₹ 1,450.00
11	PROFESSIONAL TEAM FEES	₹ 79,406.00
Gross Amount		₹ 114,000.00
Net Payable		₹ 114,000.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 64,000.00

Received Amount in Words : One Lakh Fourteen Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/18/2024	MMH/MH/RECH202403637	CARD	Advance Amount	50,000.00
2	9/21/2024	MMH/MH/REDH202420816	CARD	Collected Amount	64,000.00