

IN PATIENT SUMMARY BILL

UHID : MH34458

IP No : IP2024001151

Patient name : Mrs.MASILAMANI K

Age : 58 Y 9 M 14 D/Female

Bill No : MMH/MH/IP202401102

Bill Date : 22/05/2024

DOA : 21/5/2024 10:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SHIVA KUMAR D

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 1,000.00
5	LABORATORY	₹ 144.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 12,500.00
8	PROFESSIONAL TEAM FEES	₹ 20,000.00
Gross Amount		₹ 39,744.00
Net Payable		₹ 39,744.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 29,744.00

Received Amount in Words : Thirty-Nine Thousand Seven Hundred Forty-Four Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	10,000.00
2	22/05/2024	MMH/MH/REDH2024109	CARD	Collected Amount	29,744.00