

IN PATIENT SUMMARY BILL

UHID : MH43281

IP No : IP2024000137

Patient name : Ms.SANTHA KUMARI RAJARAM

Age : 79 Y 6 M 18 D/Female

Bill No : MMH/MH/IP202400139

Bill Date : 19/01/2024

DOA : 19/1/2024 1:26PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUN RAMANAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,925.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	NURSING CHARGE	₹ 750.00
5	PROFESSIONAL FEES	₹ 5,000.00
Gross Amount		₹ 8,400.00
Net Payable		₹ 8,400.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 3,400.00

Received Amount in Words : Eight Thousand Four Hundred Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/01/2024	MMH/MH/RECH2024002	CASH	Advance Amount	5,000.00
2	19/01/2024	MMH/MH/REDH2024013	CASH	Collected Amount	3,400.00