

IN PATIENT SUMMARY BILL

UHID : MH45778

IP No : IPH2024000162

Patient name : Mrs.KANCHANA R

Age : 67 Y 0 M 23 D/Female

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400157

Bill Date : 24/01/2024

DOA : 22/1/2024 12:55PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 3,000.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 2,410.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,600.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 6,448.00
11	PROFESSIONAL TEAM FEES	₹ 12,000.00
Gross Amount		₹ 31,108.00
Net Payable		₹ 31,108.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 21,108.00

Received Amount in Words : Thirty-One Thousand One Hundred Eight Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	10,000.00
2	24/01/2024	MMH/HM/RECBBD202401	CASH	Collected Amount	21,108.00