

IN PATIENT SUMMARY BILL

UHID : MH48932

IP No : IP2024000412

Patient name : Mrs.VISALATCHI L

Age : 50 Y 4 M 17 D/Female

Consultant Name : Dr.ANUSHA RAAJ

Bill No : MMH/MH/IP202400423

Bill Date : 25/02/2024

DOA : 22/2/2024 7:25AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	GENERAL PROCEDURE	₹ 950.00
5	LABORATORY	₹ 4,944.00
6	NURSING CHARGE	₹ 2,400.00
7	OPERATION THEATRE CHARGES	₹ 17,256.00
8	PROFESSIONAL TEAM FEES	₹ 47,000.00
Gross Amount		₹ 90,000.00
Net Payable		₹ 90,000.00
Advance Amount		₹ 90,000.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety Thousand Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/02/2024	MMH/MH/RECH2024006	UPI	Advance Amount	20,000.00
2	23/02/2024	MMH/MH/RECH2024006	UPI	Advance Amount	30,000.00
3	25/02/2024	MMH/MH/RECH2024007	UPI	Advance Amount	40,000.00