

IN PATIENT SUMMARY BILL

UHID : MH49695
IP No : IP2024001672
Patient name : Mrs.SAMUNDEESWARI D
Age : 48 Y 4 M 2 D/Female

Bill No : MMH/MH/IP202401609
Bill Date : 26/07/2024
DOA : 26/7/2024 9:54AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ARUN RAMANAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 550.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	NURSING CHARGE	₹ 400.00
5	PROFESSIONAL TEAM FEES	₹ 5,000.00
Gross Amount		₹ 6,675.00
Net Payable		₹ 6,675.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 1,675.00

Received Amount in Words : Six Thousand Six Hundred Seventy-Five Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/26/2024	MMH/MH/RECH202402836	CARD	Advance Amount	5,000.00
2	7/26/2024	MMH/MH/REDH202416385	CARD	Collected Amount	1,675.00