

IN PATIENT SUMMARY BILL

UHID : MH49695

IP No : IP2024002148

Patient name : Mrs.SAMUNDEESWARI D

Age : 48 Y 6 M 2 D/Female

Consultant Name : Dr.ARUN RAMANAN

Bill No : MMH/MH/IP202402068

Bill Date : 26/09/2024

DOA : 26/9/2024 10:16AM

DOD :

Entity Type : CASH

Entity Name : CASH

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  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/26/2024	MMH/MH/RECH202403762	CARD	Advance Amount	5,000.00
2	9/26/2024	MMH/MH/REDH202421222	CASH	Collected Amount	1,675.00