

IN PATIENT SUMMARY BILL

UHID : MH49695

IP No : IP2024000173

Patient name : Mrs.SAMUNDEESWARI D

Age : 47 Y 10 M 0 D/Female

Bill No : MMH/MH/IP202400169

Bill Date : 24/01/2024

DOA : 24/1/2024 11:00AM

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	₹ 375.00
5	PROFESSIONAL FEES	₹ 5,000.00
Gross Amount		₹ 6,650.00
Net Payable		₹ 6,650.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 1,650.00

Received Amount in Words : Six Thousand Six Hundred Fifty Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/01/2024	MMH/MH/RECH20240024	CARD	Advance Amount	5,000.00
2	24/01/2024	MMH/MH/REDH20240173	CASH	Collected Amount	1,650.00