

IN PATIENT SUMMARY BILL

UHID : MH49695

IP No : IP2024000720

Patient name : Mrs.SAMUNDEESWARI D

Age : 48 Y 0 M 3 D/Female

Bill No : MMH/MH/IP202400650

Bill Date : 27/03/2024

DOA : 27/3/2024 1:57PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUN RAMANAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,375.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	LABORATORY	₹ 132.00
5	NURSING CHARGE	₹ 400.00
6	PROFESSIONAL FEES	₹ 5,000.00
Gross Amount		₹ 7,632.00
Net Payable		₹ 7,632.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 2,632.00

Received Amount in Words : Seven Thousand Six Hundred Thirty-Two Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/03/2024	MMH/MH/RECH20240110	CARD	Advance Amount	5,000.00
2	27/03/2024	MMH/MH/REDH20240650	CARD	Collected Amount	2,632.00