

IN PATIENT SUMMARY BILL

UHID : MH49695

IP No : IP2024001188

Patient name : Mrs.SAMUNDEESWARI D

Age : 48 Y 2 M 3 D/Female

Bill No : MMH/MH/IP202401143

Bill Date : 27/05/2024

DOA : 27/5/2024 10:25AM

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 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

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	5,000.00
2	27/05/2024	MMH/MH/REDH2024113	CASH	Collected Amount	1,675.00