

IN PATIENT SUMMARY BILL

UHID : MH50547

IP No : IP2023002708

Patient name : Ms.MUNIYAMMAL M

Age : 40/Female

Bill No : MMH/MH/IP00127

Bill Date : 12/12/2023

DOA : 12/12/2023 12:57PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUN RAMANAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 550.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 350.00
4	NURSING CHARGE	₹ 375.00
5	PROFESSIONAL FEES	₹ 5,000.00
Gross Amount		₹ 6,625.00
Net Payable		₹ 6,625.00
Advance Amount		₹ 6,625.00
Received Amount		₹ 0.00

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

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-12 12:57:36.250	MMH/MH/RECH00289	CASH	Advance Amount	5,000.00
2	2023-12-12 20:21:47.593	MMH/MH/RECH00300	CARD	Advance Amount	1,625.00