

IN PATIENT SUMMARY BILL

UHID : MH55213

IP No : IP2024000357

Patient name : Ms.SEETHALAKSHMI B

Age : 77/Female

Consultant Name : Dr.BALAJI.V

Bill No : MMH/MH/IP202400367

Bill Date : 18/02/2024

DOA : 14/2/2024 7:49PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 11,000.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 3,000.00 |
| 4 | LABORATORY | ₹ 8,193.00 |
| 5 | NURSING CHARGE | ₹ 3,200.00 |
| 6 | PROFESSIONAL TEAM FEES | ₹ 5,000.00 |
| 7 | RADIOLOGY | ₹ 5,550.00 |
| 8 | ULTRASOUND | ₹ 2,000.00 |
| Gross Amount | | ₹ 38,293.00 |
| Net Payable | | ₹ 38,293.00 |
| Advance Amount | | ₹ 25,000.00 |
| Received Amount | | ₹ 13,293.00 |

Received Amount in Words : Thirty-Eight Thousand Two Hundred
Ninety-Three Only

SRINIVASAN
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 14/02/2024 | MMH/MH/RECH2024005' | CASH | Advance Amount | 10,000.00 |
| 2 | 16/02/2024 | MMH/MH/RECH2024005' | CASH | Advance Amount | 15,000.00 |
| 3 | 18/02/2024 | MMH/MH/REDH2024035' | CASH | Collected Amount | 13,293.00 |