

IN PATIENT SUMMARY BILL

UHID : MH56088

IP No : IP2024001636

Patient name : Mrs.UMA T

Age : 74 Y 5 M 21 D/Female

Consultant Name : Dr.SHIVA KUMAR D

Bill No : MMH/MH/IP202401566

Bill Date : 22/07/2024

DOA : 20/7/2024 3:59PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 2,928.00
5	NURSING CHARGE	₹ 1,600.00
6	PHYSIOTHERAPY	₹ 1,800.00
7	PROFESSIONAL TEAM FEES	₹ 3,000.00
Gross Amount		₹ 19,578.00
Net Payable		₹ 19,578.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 10,422.00

Received Amount in Words : Thirty Thousand Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/20/2024	MMH/MH/RECH202402769	CARD	Advance Amount	30,000.00