

IN PATIENT SUMMARY BILL

UHID : MH56410

IP No : IP2024001497

Patient name : Mrs.POORNIMA G

Age : 41 Y 7 M 23 D/Female

Consultant Name : Dr.ARUN RAMANAN

Bill No : MMH/MH/IP202401445

Bill Date : 05/07/2024

DOA : 5/7/2024 10:03AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,475.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	NURSING CHARGE	₹ 400.00
5	PROFESSIONAL TEAM FEES	₹ 5,000.00
Gross Amount		₹ 8,600.00
Net Payable		₹ 8,600.00
Advance Amount		₹ 7,000.00
Received Amount		₹ 1,600.00

Received Amount in Words : Eight Thousand Six Hundred Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/5/2024	MMH/MH/RECH202402509	CARD	Advance Amount	7,000.00
2	7/5/2024	MMH/MH/REDH202414435	CARD	Collected Amount	1,600.00