

IN PATIENT SUMMARY BILL

UHID : MH56410

IP No : IP2024001047

Patient name : Mrs.POORNIMA G

Age : 41 Y 5 M 25 D/Female

Consultant Name : Dr.ARUN RAMANAN

Bill No : MMH/MH/IP202400989

Bill Date : 07/05/2024

DOA : 7/5/2024 10:05AM

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	LABORATORY	₹ 144.00
5	NURSING CHARGE	₹ 400.00
6	PROFESSIONAL TEAM FEES	₹ 5,000.00
Gross Amount		₹ 8,744.00
Net Payable		₹ 8,744.00
Advance Amount		₹ 7,000.00
Received Amount		₹ 1,744.00

Received Amount in Words : Eight Thousand Seven Hundred Forty-Four Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	7,000.00
2	07/05/2024	MMH/MH/REDH2024096	CARD	Collected Amount	1,744.00