

IN PATIENT SUMMARY BILL

UHID : MH57909

IP No : IP2024000963

Patient name : Ms.PUSHPA

Age : 56/Female

Bill No : MMH/MH/IP202400904

Bill Date : 27/04/2024

DOA : 26/4/2024 8:05PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.DURAI RAVI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 5,426.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 5,350.00
7	PROFESSIONAL TEAM FEES	₹ 8,000.00
Gross Amount		₹ 21,776.00
Net Payable		₹ 21,776.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 11,776.00

Received Amount in Words : Twenty-One Thousand Seven Hundred Seventy-Six Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/04/2024	MMH/MH/RECH2024015	CASH	Advance Amount	10,000.00
2	27/04/2024	MMH/MH/REDH2024088	CASH	Collected Amount	7,000.00
3	27/04/2024	MMH/MH/REDH2024088	UPI	Collected Amount	4,776.00