IN PATIENT SUMMARY BILL

UHID	: MHM2024043[illegible]	Bill No	: MMH/MM/[illegible]
IP No	: IPM2024000270	Bill Date	: 08/04/2024
Patient name	: Mrs.SINDHU DINESH	DOA	: 6/4/2024 5:11PM
Age	: 33 Y 0 M 2 D/Female	DOD	: 8/4/2024 4:58PM
		Entity Type	: CASH
		Entity Name	: CASH

Consultant Name : Dr.KOMAGAL

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	200.00
2	BED CHARGES	₹	5,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹	1,000.00
4	EQUIPMENT	₹	975.00
5	MEDICAL RECORD CHARGE	₹	200.00
6	NURSING CHARGE	₹	2,000.00
7	OP REGISTRATION	₹	150.00
8	OPERATION THEATRE CHARGES	₹	5,000.00
9	PROFESSIONAL FEES	₹	24,000.00
	Gross Amount	₹	38,525.00
	Net Payable	₹	38,525.00
	Advance Amount	₹	20,000.00
	Received Amount	₹	18,525.00

Received Amount in Words : Thirty Eight Thousand Five Hundred Twenty Five Only

SILAMBARASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/04/2024	MMH/MM/RECAP2024000	CASH	Advance Amount	20,000.00
2	08/04/2024	MMH/MM/RECBD2024002	CASH	Collected Amount	18,525.00

DR. KOMAGAL (GYNEC) = 24,000