

IN PATIENT SUMMARY BILL

UHID : MHI202378663
IP No : IP2024000289
Patient name : Mrs.HEMAVATHY.T.K
Age : 54 Y 11 M 15 D/Female

Bill No : MMH/MH/IP202400329
Bill Date : 12/02/2024
DOA : 6/2/2024 12:10PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.SADHANA DEVI.T

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
4	EQUIPMENT	₹ 30,000.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 6,723.00
8	NURSING CHARGE	₹ 4,800.00
9	OPERATION THEATRE CHARGES	₹ 22,900.00
10	PROFESSIONAL TEAM FEES	₹ 50,000.00

Gross Amount ₹ 142,423.00
Net Payable ₹ 142,423.00
Advance Amount ₹ 80,000.00
Received Amount ₹ 62,423.00

Received Amount in Words : One Lakh Forty-Two Thousand Four Hundred Twenty-Three Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/02/2024	MMH/MH/RECH2024004	UPI	Advance Amount	5,000.00
2	06/02/2024	MMH/MH/RECH2024004	AFFORDPLAN	Advance Amount	25,000.00
3	07/02/2024	MMH/MH/RECH2024004	CASH	Advance Amount	50,000.00
4	12/02/2024	MMH/MH/REDH2024031	CHEQUE	Collected Amount	2,419.00
5	12/02/2024	MMH/MH/REDH2024031	AFFORDPLAN	Collected Amount	50,000.00
6	12/02/2024	MMH/MH/REDH2024031	CARD	Collected Amount	10,004.00