

IN PATIENT SUMMARY BILL

UHID : MHI202380091

IP No : IP2024001307

Patient name : Ms.NITHYA

Age : 26/Female

Consultant Name : Dr.SADHANA DEVI.T

Bill No : MMH/MH/IP202401248

Bill Date : 12/06/2024

DOA : 11/6/2024 6:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,125.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 132.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 4,250.00
8	PROFESSIONAL TEAM FEES	₹ 14,000.00
Gross Amount		₹ 25,382.00
Net Payable		₹ 25,382.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 5,382.00

Received Amount in Words : Twenty-Five Thousand Three Hundred Eighty-Two Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/11/2024	MMH/MH/RECH202402157	CARD	Advance Amount	20,000.00
2	6/12/2024	MMH/MH/REDH202412641	CARD	Collected Amount	5,382.00