

IN PATIENT SUMMARY BILL

UHID : MHI202380189

IP No : IPH2024001045

Patient name : Mrs.RAHMATH NISHA

Age : 29 Y 11 M 11 D/Female

Bill No : MMH/HM/IPH202401035

Bill Date : 02/05/2024

DOA : 29/4/2024 8:20PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 9,900.00
3	DIET CHARGES	₹ 3,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	GENERAL PROCEDURE	₹ 500.00
6	IP REGISTRATION	₹ 222.00
7	LABORATORY	₹ 4,940.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,600.00
10	PHARMACY CHARGE	₹ 4,309.00
11	PROFESSIONAL TEAM FEES	₹ 16,000.00
12	RADIOLOGY	₹ 400.00
Gross Amount		₹ 43,371.00
Net Payable		₹ 43,371.00
Advance Amount		₹ 43,371.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Three Thousand Three Hundred Seventy-One Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/04/2024	MMH/HM/RECAP2024011	CARD	Advance Amount	30,000.00
2	01/05/2024	MMH/HM/RECAP2024012	CARD	Advance Amount	13,371.00