

IN PATIENT SUMMARY BILL

UHID : MMH202370603

IP No : IP2024000999

Patient name : Mrs.SUJITHA K S

Age : 31 Y 5 M 25 D/Female

Bill No : MMH/MH/IP202400943

Bill Date : 01/05/2024

DOA : 1/5/2024 10:09AM

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	₹ 550.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	EQUIPMENT	₹ 3,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 4,823.00
7	NURSING CHARGE	₹ 400.00
8	OPERATION THEATRE CHARGES	₹ 3,500.00
9	PROFESSIONAL TEAM FEES	₹ 11,500.00
10	RADIOLOGY	₹ 400.00
Gross Amount		₹ 25,598.00
Net Payable		₹ 25,598.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 15,598.00

Received Amount in Words : Twenty-Five Thousand Five Hundred Ninety-Eight Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/05/2024	MMH/MH/RECH20240158	CASH	Advance Amount	10,000.00
2	01/05/2024	MMH/MH/REDH20240918	UPI	Collected Amount	9,000.00
3	01/05/2024	MMH/MH/REDH20240918	CASH	Collected Amount	6,598.00