

IN PATIENT SUMMARY BILL

UHID : MMH202370627

IP No : IP2024000129

Patient name : Mrs.SULOCHANA S V

Age : 79 Y 11 M 22 D/Female

Bill No : MMH/MH/IP202400152

Bill Date : 22/01/2024

DOA : 18/1/2024 7:44PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ABINAYA SRINIVASAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	LABORATORY	₹ 8,107.00
6	NURSING CHARGE	₹ 3,000.00
7	PROFESSIONAL TEAM FEES	₹ 21,000.00
8	RADIOLOGY	₹ 9,060.00
9	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 58,017.00
Net Payable		₹ 58,017.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 43,017.00

Received Amount in Words : Fifty-Eight Thousand Seventeen Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/01/2024	MMH/MH/RECH20240020	CARD	Advance Amount	15,000.00
2	22/01/2024	MMH/MH/REDH2024015	CARD	Collected Amount	43,017.00