IN PATIENT SUMMARY BILL

UHID	:	MMH202371453	Bill No	:	MMH/MH/IP00040
IP No	:	IP2023002608	Bill Date	:	30/11/2023
Patient name	:	Mrs.LAKSHMI	DOA	:	28/11/2023 10:07PM
Age	:	73 Y 0 M 21 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.SUBRAMANIAM.S(ORTHO)			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹	1,400.00
4	LABORATORY	₹	960.00
5	NURSING CHARGE	₹	1,500.00
6	OPERATION THEATRE CHARGES	₹	15,550.00
7	PHYSIOTHERAPY	₹	600.00
8	PROFESSIONAL TEAM FEES	₹	55,500.00
9	RADIOLOGY	₹	2,350.00
	Gross Amount	₹	**83,710.00**
	Net Payable	₹	**83,710.00**
	Advance Amount	₹	**83,710.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Eighty-Three Thousand Seven Hundred Ten Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-28 22:25:26.960	MMH/MH/RECH00108	CARD	Advance Amount	50,000.00
2	2023-11-30 16:05:27.666	MMH/MH/RECH00133	CASH	Advance Amount	33,710.00