

IN PATIENT SUMMARY BILL

UHID : MHI202381074
IP No : IPH202302426
Patient name : Mrs.KRISHNAVENI R
Age : 55 Y 9 M 26 D/Female

Bill No : MMH/HM/IPH00445
Bill Date : 05/12/2023
DOA : 4/12/2023 1:43AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 7,000.00
3	EQUIPMENT	₹ 500.00
4	GENERAL PROCEDURE	₹ 500.00
5	LABORATORY	₹ 4,854.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	OP REGISTRATION	₹ 150.00
8	PHARMACY CHARGE	₹ 2,414.00
9	PROFESSIONAL TEAM FEES	₹ 4,000.00
10	RADIOLOGY	₹ 800.00
Gross Amount		₹ 20,618.00
Net Payable		₹ 20,618.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 618.00

Received Amount in Words : Twenty Thousand Six Hundred Eighteen Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-04 01:53:43.033	MMH/HM/RECAP00450	UPI	Advance Amount	20,000.00
2	2023-12-05 15:09:49.740	MMH/HM/RECB03533	CASH	Collected Amount	618.00