

IN PATIENT SUMMARY BILL

UHID	:	MHI202381111	Bill No	:	MMH/HM/IPH00434
IP No	:	IPH202302416	Bill Date	:	01/12/2023
Patient name	:	Ms.SANTHA KUMARI RAJARAM	DOA	:	1/12/2023 3:13PM
Age	:	79 Y 3 M 25 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ARUN RAMANAN			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	LABORATORY	₹ 132.00
3	PROFESSIONAL TEAM FEES	₹ 5,000.00
4	RADIOLOGY	₹ 2,150.00
Gross Amount		₹ 7,482.00
Net Payable		₹ 7,482.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 2,482.00

Received Amount in Words	:	Seven Thousand Four Hundred Eighty-Two Only	IYAPPAN R
			Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-01 15:25:53.850	MMH/HM/RECAP00436	CASH	Advance Amount	5,000.00
2	2023-12-01 18:29:53.940	MMH/HM/RECB03452	CASH	Collected Amount	2,482.00