

IN PATIENT SUMMARY BILL

UHID : MHI202381111

IP No : IP2024000809

Patient name : Ms.SANTHA KUMARI RAJARAM

Age : 79 Y 7 M 30 D/Female

Bill No : MMH/MH/IP202400748

Bill Date : 06/04/2024

DOA : 6/4/2024 1:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUN RAMANAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,375.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
5	NURSING CHARGE	₹ 400.00
6	PROFESSIONAL FEES	₹ 5,000.00
Gross Amount		₹ 8,000.00
Net Payable		₹ 8,000.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 3,000.00

Received Amount in Words : Eight Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/04/2024	MMH/MH/RECH2024012	CASH	Advance Amount	5,000.00
2	06/04/2024	MMH/MH/REDH2024073	CASH	Collected Amount	3,000.00