

IN PATIENT SUMMARY BILL

UHID : MMH202371568
IP No : IP2023002633
Patient name : Mrs.SHERIN BEGUM A
Age : 62 Y 6 M 6 D/Female

Bill No : MMH/MH/IP00075
Bill Date : 05/12/2023
DOA : 1/12/2023 10:06PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.M.VIGNESH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,800.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	EQUIPMENT	₹ 30,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 3,096.00
7	NURSING CHARGE	₹ 3,000.00
8	OPERATION THEATRE CHARGES	₹ 9,700.00
9	PROFESSIONAL TEAM FEES	₹ 50,000.00
Gross Amount		₹ 118,946.00
Net Payable		₹ 118,946.00
Advance Amount		₹ 118,946.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Eighteen Thousand Nine Hundred
Forty-Six Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-01 22:40:18.106	MMH/MH/RECH00157	CARD	Advance Amount	5,000.00
2	2023-12-05 13:40:51.876	MMH/MH/RECH00188	CARD	Advance Amount	113,946.00