

IN PATIENT SUMMARY BILL

UHID : MMH202371707
IP No : IP2023002666
Patient name : Ms.JELINCY J
Age : 43 Y 5 M 10 D/Female

Bill No : MMH/MH/IP00084
Bill Date : 07/12/2023
DOA : 7/12/2023 12:41PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.SANDHYA VASAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 5,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 2,088.00
7	NURSING CHARGE	₹ 750.00
8	OPERATION THEATRE CHARGES	₹ 9,500.00
9	PROFESSIONAL TEAM FEES	₹ 27,000.00
Gross Amount		₹ 50,538.00
Net Payable		₹ 50,538.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 20,538.00

Received Amount in Words : Fifty Thousand Five Hundred Thirty-Eight
Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-07 12:58:40.236	MMH/MH/RECH00218	CARD	Advance Amount	30,000.00
2	2023-12-07 21:10:05.256	MMH/MH/REDH01062	CARD	Collected Amount	20,538.00