

IN PATIENT SUMMARY BILL

UHID : MMH202371785
IP No : IP2023002681
Patient name : Mrs.VAISHNAVI T
Age : 32 Y 5 M 28 D/Female

Bill No : MMH/MH/IP00116
Bill Date : 11/12/2023
DOA : 9/12/2023 1:39PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.MADHUMITHA SEKARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	LABORATORY	₹ 7,534.00
5	NURSING CHARGE	₹ 1,500.00
6	PROFESSIONAL FEES	₹ 6,000.00
7	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 20,984.00
Net Payable		₹ 20,984.00
Advance Amount		₹ 20,984.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty Thousand Nine Hundred Eighty-Four
Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-09 13:55:15.586	MMH/MH/RECH00243	CASH	Advance Amount	10,000.00
2	2023-12-11 11:29:57.943	MMH/MH/RECH00266	CARD	Advance Amount	10,984.00