

IN PATIENT SUMMARY BILL

UHID : MMH202371835

IP No : IP2024002146

Patient name : Mrs.AISHWARYA.V

Age : 27 Y 4 M 24 D/Female

Consultant Name : Dr.MANIAN

Bill No : MMH/MH/IP202402078

Bill Date : 27/09/2024

DOA : 25/9/2024 11:18PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 10,625.00
5	NURSING CHARGE	₹ 1,600.00
6	PROFESSIONAL TEAM FEES	₹ 5,500.00
7	RADIOLOGY	₹ 4,400.00
Gross Amount		₹ 32,375.00
Net Payable		₹ 32,375.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 29,375.00

Received Amount in Words : Thirty-Two Thousand Three Hundred Seventy-Five Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/27/2024	MMH/MH/REDH202421283	CHEQUE	Collected Amount	1,423.00
2	9/25/2024	MMH/MH/RECH202403759	CARD	Advance Amount	3,000.00
3	9/27/2024	MMH/MH/REDH202421284	CARD	Collected Amount	27,952.00