IN PATIENT SUMMARY BILL

: MMH/MH/IP00279 : MHI202381320 UHID Bill No

: IP2023002826 : 31/12/2023 IP No Bill Date

: Mrs.RAJATHI KAMARAJ DOA : 28/12/2023 3:10PM Patient name

: 72 Y 1 M 25 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.SENTHIL KUMAR P

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	11,550.00
3	DUTY MEDICAL OFFICER CHARGE		₹	2,100.00
4	EQUIPMENT		₹	2,000.00
5	GENERAL PROCEDURE		₹	900.00
6	LABORATORY		₹	7,179.00
7	NURSING CHARGE		₹	2,250.00
8	PROFESSIONAL FEES		₹	3,000.00
		Gross Amount	₹	29,329.00
		Net Payable	₹	29,329.00

Advance Amount ₹ 20,000.00 ₹ **Received Amount** 9,329.00

Received Amount in Words Twenty-Nine Thousand Three Hundred DINESH

Twenty-Nine Only **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/RECH00542	CARD	Advance Amount	20,000.00
2	31/12/2023	MMH/MH/REDH02853	CARD	Collected Amount	9,329.00