

IN PATIENT SUMMARY BILL

UHID : MHP202300210
IP No : IP2023002742
Patient name : Mrs.SARITHA.S
Age : 44 Y 6 M 17 D/Female

Bill No : MMH/MH/IP00181
Bill Date : 20/12/2023
DOA : 17/12/2023 6:36PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,450.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	EQUIPMENT	₹ 12,650.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 24,120.00
9	NURSING CHARGE	₹ 2,750.00
10	OPERATION THEATRE CHARGES	₹ 9,600.00
11	PHARMACY CHARGE	₹ 6,844.00
12	PROFESSIONAL TEAM FEES	₹ 7,500.00
13	RADIOLOGY	₹ 2,620.00
Gross Amount		₹ 85,934.00
Net Payable		₹ 85,934.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 55,934.00

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

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/12/2023	MMH/MH/RECH00371	CARD	Advance Amount	30,000.00
2	20/12/2023	MMH/MH/REDH01988	CARD	Collected Amount	55,934.00