

IN PATIENT SUMMARY BILL

UHID : MHP202300216
IP No : IP2023002747
Patient name : Mrs.PUSHPALATHA
Age : 45 Y 11 M 24 D/Female

Bill No : MMH/MH/IP00184
Bill Date : 20/12/2023
DOA : 18/12/2023 3:57PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
5	EQUIPMENT	₹ 7,000.00
6	LABORATORY	₹ 12,264.00
7	NURSING CHARGE	₹ 1,500.00
8	PROFESSIONAL TEAM FEES	₹ 4,000.00
9	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 37,114.00
Net Payable		₹ 37,114.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 17,114.00

Received Amount in Words : Thirty-Seven Thousand One Hundred Fourteen
Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/MH/RECH00378	UPI	Advance Amount	20,000.00
2	20/12/2023	MMH/MH/REDH02000	CHEQUE	Collected Amount	795.00
3	20/12/2023	MMH/MH/REDH02001	UPI	Collected Amount	16,319.00