

IN PATIENT SUMMARY BILL

UHID : MMH202372513
IP No : IP2023002813
Patient name : Mrs.KATHIJA SULTANA
Age : 60 Y 0 M 1 D/Female

Bill No : MMH/MH/IP00239
Bill Date : 28/12/2023
DOA : 27/12/2023 12:06PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ARUN KUMAR.I

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 3,000.00
5	LABORATORY	₹ 3,888.00
6	NURSING CHARGE	₹ 750.00
7	OPERATION THEATRE CHARGES	₹ 12,050.00
8	PROFESSIONAL TEAM FEES	₹ 25,000.00
9	RADIOLOGY	₹ 1,720.00
Gross Amount		₹ 51,308.00
Net Payable		₹ 51,308.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 21,308.00

Received Amount in Words : Fifty-One Thousand Three Hundred Eight Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/12/2023	MMH/MH/RECH00496	UPI	Advance Amount	30,000.00
2	28/12/2023	MMH/MH/REDH02606	CASH	Collected Amount	21,308.00