

IN PATIENT SUMMARY BILL

UHID : MMH202371640

IP No : IP2024000001

Patient name : Mrs.DEVI D

Age : 33 Y 4 M 9 D/Female

Bill No : MMH/MH/IP202400049

Bill Date : 08/01/2024

DOA : 1/1/2024 7:39AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SHIVA KUMAR D

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 37,125.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
5	EQUIPMENT	₹ 26,400.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 1,140.00
8	LABORATORY	₹ 8,952.00
9	NURSING CHARGE	₹ 15,000.00
10	OPERATION THEATRE CHARGES	₹ 32,930.00
11	PHARMACY CHARGE	₹ 58,143.00
12	RADIOLOGY	₹ 400.00
Gross Amount		₹ 186,690.00
Net Payable		₹ 186,690.00
Advance Amount		₹ 75,000.00
Received Amount		₹ 111,690.00

Received Amount in Words : One Lakh Eighty-Six Thousand Six Hundred Ninety Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/MH/RECH2024000:	CASH	Advance Amount	75,000.00
2	08/01/2024	MMH/MH/REDH2024005:	CHEQUE	Collected Amount	111,690.00