

IN PATIENT SUMMARY BILL

UHID : MMH202472938

IP No : IP2024000087

Patient name : Mrs.MUTHULAKSHMI

Age : 44 Y 5 M 29 D/Female

Bill No : MMH/MH/IP202400101

Bill Date : 13/01/2024

DOA : 12/1/2024 5:59AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.KRITHIKA KAUSHIK

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,425.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,050.00
4	EQUIPMENT	₹ 28,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 4,800.00
8	NURSING CHARGE	₹ 1,125.00
9	OPERATION THEATRE CHARGES	₹ 27,750.00
10	PROFESSIONAL TEAM FEES	₹ 57,000.00
11	RADIOLOGY	₹ 600.00
Gross Amount		₹ 128,800.00
Net Payable		₹ 128,800.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 78,800.00

Received Amount in Words : One Lakh Twenty-Eight Thousand Eight Hundred Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/01/2024	MMH/MH/RECH2024001	UPI	Advance Amount	50,000.00
2	13/01/2024	MMH/MH/REDH2024009	CARD	Collected Amount	78,800.00