

IN PATIENT SUMMARY BILL

UHID : MMH202472983

IP No : IP2024000094

Patient name : Child.NIHARIKA BASKARAN

Age : 7 Y 4 M 10 D/Female

Bill No : MMH/MH/IP202400105

Bill Date : 14/01/2024

DOA : 13/1/2024 10:33PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.LAKSHAN RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	NURSING CHARGE	₹ 750.00
5	PROFESSIONAL FEES	₹ 1,000.00
Gross Amount		₹ 7,000.00
Net Payable		₹ 7,000.00
Advance Amount		₹ 21,224.00
Received Amount		₹ 0.00
Refund Amount		₹ 14,224.00

Received Amount in Words : Twenty-One Thousand Two Hundred
Twenty-Four Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/01/2024	MMH/MH/RECH20240010	CARD	Advance Amount	20,000.00
2	14/01/2024	MMH/MH/RECH20240010	CHEQUE	Advance Amount	1,224.00