

IN PATIENT SUMMARY BILL

UHID : MMH202473043

IP No : IP2024000318

Patient name : Mrs.PINKY JAIN

Age : 43 Y 6 M 13 D/Female

Bill No : MMH/MH/IP202400301

Bill Date : 09/02/2024

DOA : 9/2/2024 12:34PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SENTHIL KUMAR.E

S.No	Description	Amount
1	BED CHARGES	₹ 2,475.00
2	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
3	NURSING CHARGE	₹ 400.00
4	PROFESSIONAL TEAM FEES	₹ 6,000.00
Gross Amount		₹ 9,250.00
Net Payable		₹ 9,250.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 4,250.00

Received Amount in Words : Nine Thousand Two Hundred Fifty Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/02/2024	MMH/MH/RECH20240045	CASH	Advance Amount	5,000.00
2	09/02/2024	MMH/MH/REDH20240295	CASH	Collected Amount	4,250.00