

IN PATIENT SUMMARY BILL

UHID : MMH202473043

IP No : IP2024000471

Patient name : Mrs.PINKY JAIN

Age : 43 Y 7 M 3 D/Female

Consultant Name : Dr.SENTHIL KUMAR.E

Bill No : MMH/MH/IP202400470

Bill Date : 01/03/2024

DOA : 1/3/2024 2:16PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	BED CHARGES	₹ 1,925.00
2	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
3	NURSING CHARGE	₹ 400.00
4	PROFESSIONAL TEAM FEES	₹ 3,000.00
Gross Amount		₹ 5,700.00
Net Payable		₹ 5,700.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 700.00

Received Amount in Words : Five Thousand Seven Hundred Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/03/2024	MMH/MH/RECH2024007	CASH	Advance Amount	5,000.00
2	01/03/2024	MMH/MH/REDH2024046	CASH	Collected Amount	700.00