

IN PATIENT SUMMARY BILL

UHID : MMH202473043

IP No : IP2024000676

Patient name : Mrs.PINKY JAIN

Age : 43 Y 7 M 25 D/Female

Bill No : MMH/MH/IP202400622

Bill Date : 23/03/2024

DOA : 23/3/2024 1:28PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SENTHIL KUMAR.E

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,475.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	NURSING CHARGE	₹ 400.00
5	PROFESSIONAL FEES	₹ 3,000.00
Gross Amount		₹ 6,600.00
Net Payable		₹ 6,600.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 1,600.00

Received Amount in Words : Six Thousand Six Hundred Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/03/2024	MMH/MH/RECH2024010	CASH	Advance Amount	5,000.00
2	23/03/2024	MMH/MH/REDH2024063	CASH	Collected Amount	1,600.00