

IN PATIENT SUMMARY BILL

UHID : MMH202473117

IP No : IP2024000139

Patient name : Mrs.CHITRA U

Age : 36 Y 0 M 1 D/Female

Consultant Name : Dr.SANDHYA VASAN

Bill No : MMH/MH/IP202400146

Bill Date : 20/01/2024

DOA : 19/1/2024 6:28PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 25,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 7,929.00
8	NURSING CHARGE	₹ 750.00
9	OPERATION THEATRE CHARGES	₹ 9,800.00
10	PROFESSIONAL TEAM FEES	₹ 51,000.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 99,379.00
Net Payable		₹ 99,379.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 69,379.00

Received Amount in Words :

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/01/2024	MMH/MH/RECH2024002	CARD	Advance Amount	30,000.00
2	20/01/2024	MMH/MH/REDH2024014	CARD	Collected Amount	69,379.00