

IN PATIENT SUMMARY BILL

UHID : MMH202473195

IP No : IP2024000163

Patient name : Mrs.MARYJENNIFER STANLY

Age : 42 Y 5 M 21 D/Female

Bill No : MMH/MH/IP202400162

Bill Date : 23/01/2024

DOA : 22/1/2024 11:13PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.DHIVYALAKSHMI.S.J.

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	BLOOD COMPONENTS	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 1,782.00
7	NURSING CHARGE	₹ 750.00
8	OPERATION THEATRE CHARGES	₹ 2,500.00
9	PROFESSIONAL TEAM FEES	₹ 10,000.00
Gross Amount		₹ 19,582.00
Net Payable		₹ 19,582.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 9,582.00

Received Amount in Words : Nineteen Thousand Five Hundred Eighty-Two Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/01/2024	MMH/MH/RECH2024002	CARD	Advance Amount	10,000.00
2	23/01/2024	MMH/MH/REDH2024016	CARD	Collected Amount	9,582.00