

IN PATIENT SUMMARY BILL

UHID : MMH202473487

IP No : IP2024000251

Patient name : Mrs.SARANYA C M

Age : 33 Y 4 M 25 D/Female

Bill No : MMH/MH/IP202400251

Bill Date : 03/02/2024

DOA : 1/2/2024 9:12PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAY ALAGAPPAN S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 144.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 9,500.00
9	PROFESSIONAL TEAM FEES	₹ 65,000.00
Gross Amount		₹ 86,494.00
Net Payable		₹ 86,494.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 36,494.00

Received Amount in Words : Eighty-Six Thousand Four Hundred
Ninety-Four Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/02/2024	MMH/MH/RECH2024003'	CARD	Advance Amount	50,000.00
2	03/02/2024	MMH/MH/REDH2024025	CHEQUE	Collected Amount	1,428.00
3	03/02/2024	MMH/MH/REDH2024025	UPI	Collected Amount	35,066.00