

IN PATIENT SUMMARY BILL

UHID : MMH202473495

IP No : IP2024000254

Patient name : Mrs.SHAILAJA CH

Age : 57 Y 3 M 11 D/Female

Bill No : MMH/MH/IP202400250

Bill Date : 03/02/2024

DOA : 2/2/2024 10:19AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RENGAN.R.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 720.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 5,300.00
8	PROFESSIONAL TEAM FEES	₹ 65,000.00
Gross Amount		₹ 80,195.00
Net Payable		₹ 80,195.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 70,195.00

Received Amount in Words : Eighty Thousand One Hundred Ninety-Five Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/02/2024	MMH/MH/RECH2024003	UPI	Advance Amount	10,000.00
2	03/02/2024	MMH/MH/REDH2024025	CARD	Collected Amount	45,195.00
3	03/02/2024	MMH/MH/REDH2024025	CASH	Collected Amount	25,000.00