

IN PATIENT SUMMARY BILL

UHID : MMH202473589

IP No : IP2024000349

Patient name : Mrs.ADEEBA M

Age : 29 Y 11 M 2 D/Female

Bill No : MMH/MH/IP202400343

Bill Date : 14/02/2024

DOA : 13/2/2024 8:57PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.DURAI RAVI

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 3,850.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 750.00 |
| 4 | EQUIPMENT | ₹ 7,500.00 |
| 5 | INJECTION CHARGES | ₹ 200.00 |
| 6 | LABORATORY | ₹ 4,488.00 |
| 7 | NURSING CHARGE | ₹ 800.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 11,050.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 50,000.00 |
| 10 | RADIOLOGY | ₹ 1,000.00 |
| Gross Amount | | ₹ 79,988.00 |
| Net Payable | | ₹ 79,988.00 |
| Advance Amount | | ₹ 20,000.00 |
| Received Amount | | ₹ 59,988.00 |

Received Amount in Words : Seventy-Nine Thousand Nine Hundred Eighty-Eight Only

DINESH
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 13/02/2024 | MMH/MH/RECH20240056 | CASH | Advance Amount | 20,000.00 |
| 2 | 14/02/2024 | MMH/MH/REDH2024033 | CASH | Collected Amount | 59,988.00 |