

IN PATIENT SUMMARY BILL

UHID : MHI202482229

IP No : IP2024000316

Patient name : Mrs.LALITHA

Age : 75 Y 8 M 1 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202400323

Bill Date : 11/02/2024

DOA : 9/2/2024 10:27AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 750.00
5	LABORATORY	₹ 3,300.00
6	NURSING CHARGE	₹ 1,600.00
7	PROFESSIONAL TEAM FEES	₹ 3,000.00
8	RADIOLOGY	₹ 5,500.00
Gross Amount		₹ 21,500.00
Net Payable		₹ 21,500.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 16,500.00

Received Amount in Words : Twenty-One Thousand Five Hundred Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/02/2024	MMH/MH/RECH20240045	CASH	Advance Amount	5,000.00
2	11/02/2024	MMH/MH/REDH20240307	CHEQUE	Collected Amount	1,535.00
3	11/02/2024	MMH/MH/REDH20240307	CASH	Collected Amount	14,965.00