## IN PATIENT SUMMARY BILL

: MMH/MH/IP202400326 UHID : MMH202473623 Bill No

: IP2024000303 : 11/02/2024 IP No Bill Date

: Mrs.VINDHYA RAMESH DOA : 7/2/2024 5:39PM Patient name

: 58 Y 5 M 29 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.VIJAYAN.J

| S.No | Description                 |              |   | Amount    |
|------|-----------------------------|--------------|---|-----------|
| 1    | ADMINISTRATION CHARGES      |              | ₹ | 350.00    |
| 2    | BED CHARGES                 |              | ₹ | 19,800.00 |
| 3    | DUTY MEDICAL OFFICER CHARGE |              | ₹ | 3,000.00  |
| 4    | GENERAL PROCEDURE           |              | ₹ | 4,050.00  |
| 5    | LABORATORY                  |              | ₹ | 2,035.00  |
| 6    | NURSING CHARGE              |              | ₹ | 3,200.00  |
| 7    | PROFESSIONAL FEES           |              | ₹ | 7,150.00  |
| 8    | RADIOLOGY                   |              | ₹ | 2,000.00  |
|      |                             | Gross Amount | ₹ | 41,585.00 |
|      |                             | Net Payable  | ₹ | 41,585.00 |

**Advance Amount** ₹ 10,000.00 ₹ 31,585.00 **Received Amount** 

**Received Amount in Words** Forty-One Thousand Five Hundred Eighty-Five DINESH

Only **Authorised Signature** 

## **Payment History**

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1    | 07/02/2024   | MMH/MH/RECH2024004 | CARD         | Advance Amount   | 10,000.00       |
| 2    | 11/02/2024   | MMH/MH/REDH2024030 | CHEQUE       | Collected Amount | 1,527.00        |
| 3    | 11/02/2024   | MMH/MH/REDH2024030 | CARD         | Collected Amount | 30,058.00       |