

IN PATIENT SUMMARY BILL

UHID : MMH202473707

IP No : IP2024000323

Patient name : Mrs.KRISHNA VENI.D

Age : 55 Y 0 M 2 D/Female

Bill No : MMH/MH/IP202400325

Bill Date : 11/02/2024

DOA : 9/2/2024 9:08PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.GOVINDARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 17,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 5,223.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 10,500.00
9	PROFESSIONAL TEAM FEES	₹ 7,000.00
Gross Amount		₹ 46,073.00
Net Payable		₹ 46,073.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 16,073.00

Received Amount in Words : Forty-Six Thousand Seventy-Three Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/02/2024	MMH/MH/RECH20240050	CARD	Advance Amount	30,000.00
2	11/02/2024	MMH/MH/REDH20240300	CARD	Collected Amount	16,073.00