

IN PATIENT SUMMARY BILL

UHID : MMH202473810

IP No : IP2024000348

Patient name : Mrs.PREMA A

Age : 54 Y 8 M 18 D/Female

Consultant Name : Dr.YUVARAJ K

Bill No : MMH/MH/IP202400352

Bill Date : 15/02/2024

DOA : 13/2/2024 7:09PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 10,455.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 6,250.00
10	PROFESSIONAL TEAM FEES	₹ 13,000.00
11	RADIOLOGY	₹ 1,000.00
Gross Amount		₹ 45,555.00
Net Payable		₹ 45,555.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 15,555.00

Received Amount in Words : Forty-Five Thousand Five Hundred Fifty-Five Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/02/2024	MMH/MH/RECH20240056	UPI	Advance Amount	30,000.00
2	15/02/2024	MMH/MH/REDH2024034	CHEQUE	Collected Amount	4,145.00
3	15/02/2024	MMH/MH/REDH2024034	UPI	Collected Amount	11,410.00