

IN PATIENT SUMMARY BILL

UHID : MMH202473994

IP No : IP2024000410

Patient name : Mrs.PUSHPA J

Age : 81 Y 10 M 10 D/Female

Bill No : MMH/MH/IP202400420

Bill Date : 24/02/2024

DOA : 22/2/2024 12:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.LAKSHANRAJ S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	LABORATORY	₹ 4,092.00
5	NURSING CHARGE	₹ 2,400.00
6	PROFESSIONAL TEAM FEES	₹ 7,000.00
7	RADIOLOGY	₹ 5,900.00
8	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 32,242.00
Net Payable		₹ 32,242.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 7,242.00

Received Amount in Words : Thirty-Two Thousand Two Hundred Forty-Two Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/02/2024	MMH/MH/RECH2024006'	CASH	Advance Amount	5,000.00
2	24/02/2024	MMH/MH/RECH2024006'	CASH	Advance Amount	20,000.00
3	24/02/2024	MMH/MH/REDH2024040'	CHEQUE	Collected Amount	2,209.00
4	24/02/2024	MMH/MH/REDH2024040'	UPI	Collected Amount	5,033.00