

IN PATIENT SUMMARY BILL

UHID : MMH202474045

IP No : IP2024000423

Patient name : Ms.SIVARANJANI.K

Age : 19 Y 1 M 28 D/Female

Consultant Name : Dr.GOWRI SHANKAR.M

Bill No : MMH/MH/IP202400422

Bill Date : 24/02/2024

DOA : 24/2/2024 8:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 4,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 1,695.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 13,115.00
9	PHARMACY CHARGE	₹ 6,990.00
10	PROFESSIONAL TEAM FEES	₹ 22,500.00
Gross Amount		₹ 51,500.00
Net Payable		₹ 51,500.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 11,500.00

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

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/02/2024	MMH/MH/RECH2024006	CASH	Advance Amount	40,000.00
2	24/02/2024	MMH/MH/REDH2024041	CASH	Collected Amount	11,500.00