

IN PATIENT SUMMARY BILL

UHID : MMH202474190

IP No : IP2024000460

Patient name : Ms.DHANABAKKIYAM

Age : 21 Y 0 M 4 D/Female

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202400486

Bill Date : 05/03/2024

DOA : 29/2/2024 10:08AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,050.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
4	GENERAL PROCEDURE	₹ 1,350.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 2,318.00
7	NURSING CHARGE	₹ 4,400.00
8	OPERATION THEATRE CHARGES	₹ 2,500.00
9	PROFESSIONAL TEAM FEES	₹ 15,000.00
Gross Amount		₹ 36,293.00
Net Payable		₹ 36,293.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 6,293.00

Received Amount in Words : Thirty-Six Thousand Two Hundred  
Ninety-Three Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/02/2024	MMH/MH/RECH20240070	CASH	Advance Amount	10,000.00
2	29/02/2024	MMH/MH/RECH20240070	CARD	Advance Amount	20,000.00
3	05/03/2024	MMH/MH/REDH20240490	CHEQUE	Collected Amount	1,650.00
4	05/03/2024	MMH/MH/REDH20240490	CARD	Collected Amount	4,643.00