

IN PATIENT SUMMARY BILL

UHID : MMH202474210

IP No : IP2024000774

Patient name : Mrs.ATHILAKSHMI R

Age : 56 Y 10 M 26 D/Female

Bill No : MMH/MH/IP202400742

Bill Date : 05/04/2024

DOA : 2/4/2024 6:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAYAN.J

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DIET CHARGES	₹ 2,150.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 9,456.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 16,850.00
10	PROFESSIONAL TEAM FEES	₹ 51,500.00
11	RADIOLOGY	₹ 600.00
Gross Amount		₹ 98,806.00
Net Payable		₹ 98,806.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 58,806.00

Received Amount in Words : Ninety-Eight Thousand Eight Hundred Six Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/04/2024	MMH/MH/RECH20240115	CASH	Advance Amount	40,000.00
2	05/04/2024	MMH/MH/REDH2024072	CHEQUE	Collected Amount	3,411.00
3	05/04/2024	MMH/MH/REDH2024072	CASH	Collected Amount	40,000.00
4	05/04/2024	MMH/MH/REDH2024072	UPI	Collected Amount	15,395.00