

IN PATIENT SUMMARY BILL

UHID : MMH202474544

IP No : IP2024000673

Patient name : Mrs.SHANTHA

Age : 76 Y 0 M 13 D/Female

Bill No : MMH/MH/IP202400623

Bill Date : 23/03/2024

DOA : 23/3/2024 8:48AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VISHNUBABU.G

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 3,648.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 3,500.00
8	PROFESSIONAL TEAM FEES	₹ 8,000.00
Gross Amount		₹ 18,348.00
Net Payable		₹ 18,348.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,652.00

Received Amount in Words : Twenty Thousand Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/03/2024	MMH/MH/RECH2024010	UPI	Advance Amount	20,000.00