

IN PATIENT SUMMARY BILL

UHID : MHP202400583

IP No : IP2024001595

Patient name : Mrs.DHANA GEETHA. K

Age : 51 Y 2 M 23 D/Female

Bill No : MMH/MH/IP202401527

Bill Date : 17/07/2024

DOA : 16/7/2024 12:04PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ELAKIYA MATHIMARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,575.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	LABORATORY	₹ 780.00
5	NURSING CHARGE	₹ 1,200.00
6	PROFESSIONAL TEAM FEES	₹ 4,500.00
7	RADIOLOGY	₹ 600.00
Gross Amount		₹ 14,130.00
Net Payable		₹ 14,130.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 4,130.00

Received Amount in Words : Fourteen Thousand One Hundred Thirty Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/16/2024	MMH/MH/RECH202402676	CARD	Advance Amount	10,000.00
2	7/17/2024	MMH/MH/REDH202415597	UPI	Collected Amount	4,130.00