

IN PATIENT SUMMARY BILL

UHID : MMH202475187 Bill No : MMH/MH/IP202401277
IP No : IP2024001322 Bill Date : 15/06/2024
Patient name : Mrs.SURIYA BANU DOA : 12/6/2024 9:00PM
Age : 60 Y 2 M 21 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.SHIVA KUMAR D

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	LABORATORY	₹ 7,971.00
6	NURSING CHARGE	₹ 2,400.00
7	PROFESSIONAL FEES	₹ 5,000.00
8	RADIOLOGY	₹ 1,000.00
	Gross Amount	₹ 23,271.00
	Net Payable	₹ 23,271.00
	Advance Amount	₹ 25,000.00
	Received Amount	₹ 1,115.00
	Refund Amount	₹ 2,844.00

Received Amount in Words : Twenty-Six Thousand One Hundred Fifteen Only KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/12/2024	MMH/MH/RECH202402175	CASH	Advance Amount	10,000.00
2	6/15/2024	MMH/MH/RECH202402191	CASH	Advance Amount	15,000.00
3	6/15/2024	MMH/MH/REDH202412938	CHEQUE	Collected Amount	1,115.00