

IN PATIENT SUMMARY BILL

UHID : MMH202475370

IP No : IP2024000743

Patient name : Mrs.SELVI.M

Age : 46 Y 0 M 2 D/Female

Consultant Name : Dr.VIGNESHWARAN P

Bill No : MMH/MH/IP202400691

Bill Date : 31/03/2024

DOA : 29/3/2024 10:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 7,000.00
5	LABORATORY	₹ 120.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 11,150.00
8	PROFESSIONAL TEAM FEES	₹ 48,000.00
9	RADIOLOGY	₹ 400.00
Gross Amount		₹ 72,320.00
Net Payable		₹ 72,320.00
Advance Amount		₹ 72,320.00
Received Amount		₹ 0.00

Received Amount in Words : Seventy-Two Thousand Three Hundred Twenty Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/03/2024	MMH/MH/RECH2024011	CASH	Advance Amount	20,000.00
2	31/03/2024	MMH/MH/RECH2024011	CASH	Advance Amount	52,320.00