

IN PATIENT SUMMARY BILL

UHID : MMH202475371

IP No : IP2024000745

Patient name : Mrs.SARANYA.M

Age : 34 Y 8 M 21 D/Female

Bill No : MMH/MH/IP202400690

Bill Date : 31/03/2024

DOA : 30/3/2024 5:15AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.DURAI RAVI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,050.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 8,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 3,144.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 14,250.00
9	PROFESSIONAL TEAM FEES	₹ 52,000.00
Gross Amount		₹ 89,094.00
Net Payable		₹ 89,094.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 69,094.00

Received Amount in Words : Eighty-Nine Thousand Ninety-Four Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/03/2024	MMH/MH/RECH2024011	CARD	Advance Amount	20,000.00
2	31/03/2024	MMH/MH/REDH2024068	CARD	Collected Amount	69,094.00