

IN PATIENT SUMMARY BILL

UHID : MMH202475482

IP No : IP2024000784

Patient name : Mrs.SELVI.V

Age : 58 Y 7 M 17 D/Female

Consultant Name : Dr.SHIVA KUMAR D

Bill No : MMH/MH/IP202400747

Bill Date : 06/04/2024

DOA : 3/4/2024 10:40PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 9,974.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 4,750.00
11	PROFESSIONAL TEAM FEES	₹ 26,500.00
Gross Amount		₹ 64,774.00
Net Payable		₹ 64,774.00
Advance Amount		₹ 35,000.00
Received Amount		₹ 29,774.00

Received Amount in Words : Sixty-Four Thousand Seven Hundred
Seventy-Four Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/04/2024	MMH/MH/RECH2024012	UPI	Advance Amount	15,000.00
2	05/04/2024	MMH/MH/RECH2024012	CASH	Advance Amount	20,000.00
3	06/04/2024	MMH/MH/REDH2024073	CASH	Collected Amount	29,774.00