

IN PATIENT SUMMARY BILL

UHID : MMH202475485

IP No : IP2024000785

Patient name : Mrs.VIJAYA.B

Age : 50 Y 0 M 1 D/Female

Consultant Name : Dr.VIJAY ALAGAPPAN S

Bill No : MMH/MH/IP202400721

Bill Date : 04/04/2024

DOA : 4/4/2024 12:40AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	NURSING CHARGE	₹ 800.00
5	PROFESSIONAL TEAM FEES	₹ 1,500.00
Gross Amount		₹ 4,500.00
Net Payable		₹ 4,500.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 500.00

Received Amount in Words : Five Thousand Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/04/2024	MMH/MH/RECH2024012	CASH	Advance Amount	5,000.00