

IN PATIENT SUMMARY BILL

UHID : MHE202405129

IP No : IPE2024000053

Patient name : Mrs.VANITHA

Age : 24 Y 0 M 4 D/Female

Bill No : MMH/MV/IPE202400047

Bill Date : 03/05/2024

DOA : 1/5/2024 6:10AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.P.NARMADHA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 2,312.50
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,250.00
4	EQUIPMENT	₹ 600.00
5	GENERAL PROCEDURE	₹ 750.00
6	LABORATORY	₹ 1,435.00
7	NURSING CHARGE	₹ 1,250.00
8	OPERATION THEATRE CHARGES	₹ 10,000.00
9	PROFESSIONAL TEAM FEES	₹ 17,400.00
Gross Amount		₹ 35,197.50
Net Payable		₹ 35,198.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 10,198.00

Received Amount in Words : Thirty-Five Thousand One Hundred  
Ninety-Eight Only

ELAKKIYA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/05/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	15,000.00
2	01/05/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	10,000.00
3	03/05/2024	MMH/MV/RECBD2024000	CASH	Collected Amount	10,198.00