

IN PATIENT SUMMARY BILL

UHID : MHE202418740

IP No : IPE2024000058

Patient name : Mrs.PRIYA

Age : 30 Y 0 M 2 D/Female

Consultant Name : Dr.PARTHIBAN DURAISAMY

Bill No : MMH/MV/IPE202400053

Bill Date : 05/05/2024

DOA : 3/5/2024 11:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 200.00 |
| 2 | BED CHARGES | ₹ 10,100.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,400.00 |
| 4 | EQUIPMENT | ₹ 1,950.00 |
| 5 | NURSING CHARGE | ₹ 2,050.00 |
| 6 | PROFESSIONAL TEAM FEES | ₹ 8,400.00 |
| Gross Amount | | ₹ 25,100.00 |
| Net Payable | | ₹ 25,100.00 |
| Advance Amount | | ₹ 5,000.00 |
| Received Amount | | ₹ 20,100.00 |

Received Amount in Words : Twenty-Five Thousand One Hundred Only

SUBHASHREE
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 03/05/2024 | MMH/MV/RECAP2024001 | CASH | Advance Amount | 5,000.00 |
| 2 | 05/05/2024 | MMH/MV/RECB2024001 | UPI | Collected Amount | 20,100.00 |