IN PATIENT SUMMARY BILL

UHID	:	MHI202483284	Bill No	:	MMH/HM/IPH202400851
IP No	:	IPH2024000832	Bill Date	:	10/04/2024
Patient name	:	Mrs.JAMEELA BEEVI	DOA	:	6/4/2024 2:43PM
Age	:	35 Y 11 M 5 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	22,275.00
3	DIET CHARGES	₹	4,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹	4,000.00
5	GENERAL PROCEDURE	₹	500.00
6	LABORATORY	₹	44,373.00
7	MEDICAL RECORD CHARGE	₹	200.00
8	NURSING CHARGE	₹	4,000.00
9	OP REGISTRATION	₹	150.00
10	PHARMACY CHARGE	₹	9,958.00
11	PROFESSIONAL TEAM FEES	₹	45,000.00
12	RADIOLOGY	₹	2,000.00
	Gross Amount	₹	**137,256.00**
	Net Payable	₹	**137,256.00**
	Advance Amount	₹	**137,256.00**
	Received Amount	₹	**0.00**

Received Amount in Words : One Lakh Thirty-Seven Thousand Two Hundred Fifty-Six Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/04/2024	MMH/HM/RECAP202400	CASH	Advance Amount	20,000.00
2	10/04/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
3	10/04/2024	MMH/HM/RECAP202400	CASH	Advance Amount	50,000.00
4	10/04/2024	MMH/HM/RECAP202400	UPI	Advance Amount	17,256.00