

IN PATIENT SUMMARY BILL

UHID : MMH202475697

IP No : IP2024001414

Patient name : Ms.JAISHREE

Age : 25 Y 7 M 0 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401357

Bill Date : 25/06/2024

DOA : 24/6/2024 12:12PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,425.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	LABORATORY	₹ 4,356.00
6	NURSING CHARGE	₹ 1,200.00
7	PROFESSIONAL TEAM FEES	₹ 2,000.00
Gross Amount		₹ 17,456.00
Net Payable		₹ 17,456.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 7,456.00

Received Amount in Words : Seventeen Thousand Four Hundred Fifty-Six Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/24/2024	MMH/MH/RECH202402336	UPI	Advance Amount	10,000.00
2	6/25/2024	MMH/MH/REDH202413620	UPI	Collected Amount	7,456.00