

IN PATIENT SUMMARY BILL

UHID : MMH202475697

IP No : IP2024001472

Patient name : Ms.JAISHREE

Age : 25 Y 7 M 9 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401440

Bill Date : 04/07/2024

DOA : 1/7/2024 2:55PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 24,900.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 14,477.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 11,500.00
11	PROFESSIONAL TEAM FEES	₹ 61,500.00
12	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 138,427.00
Net Payable		₹ 138,427.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 88,427.00

Received Amount in Words : One Lakh Thirty-Eight Thousand Four Hundred
Twenty-Seven Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/1/2024	MMH/MH/RECH202402446	CASH	Advance Amount	50,000.00
2	7/4/2024	MMH/MH/REDH202414363	CASH	Collected Amount	87,000.00
3	7/4/2024	MMH/MH/REDH202414364	UPI	Collected Amount	1,427.00