IN PATIENT SUMMARY BILL

UHID : MMH202476126 Bill No : MMH/MH/IP202400885

IP No : IP2024000943 Bill Date : 25/04/2024

Patient name : Mrs.BISNA KHADKA DOA : 24/4/2024 1:10PM

Age : 27 Y 11 M 30 D/Female DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.DURAI RAVI

| S.No | Description | | | Amount |
|------|-----------------------------|--------------|---|-----------|
| 1 | ADMINISTRATION CHARGES | | ₹ | 350.00 |
| 2 | BED CHARGES | | ₹ | 1,100.00 |
| 3 | DIET CHARGES | | ₹ | 1,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | | ₹ | 750.00 |
| 5 | EQUIPMENT | | ₹ | 7,500.00 |
| 6 | INJECTION CHARGES | | ₹ | 200.00 |
| 7 | LABORATORY | | ₹ | 5,165.00 |
| 8 | NURSING CHARGE | | ₹ | 800.00 |
| 9 | OPERATION THEATRE CHARGES | | ₹ | 9,850.00 |
| 10 | PHARMACY CHARGE | | ₹ | 12,864.00 |
| 11 | PROFESSIONAL TEAM FEES | | ₹ | 35,000.00 |
| 12 | RADIOLOGY | | ₹ | 400.00 |
| | | Cross Amount | ₹ | 74 070 00 |

 Gross Amount
 ₹
 74,979.00

 Net Payable
 ₹
 74,979.00

 Advance Amount
 ₹
 30,000.00

 Received Amount
 ₹
 44,979.00

Received Amount in Words : Seventy-Four Thousand Nine Hundred SRINIVASAN

Seventy-Nine Only Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 25/04/2024 | MMH/MH/RECH20240149 | CARD | Advance Amount | 30,000.00 |
| 2 | 25/04/2024 | MMH/MH/REDH2024086 | CASH | Collected Amount | 44,979.00 |