

IN PATIENT SUMMARY BILL

UHID : MHI202483596

IP No : IP2024001764

Patient name : Mrs.VIJAYALAKSHMI

Age : 76 Y 0 M 12 D/Female

Consultant Name : Dr.SRIVIDHYA.S

Bill No : MMH/MH/IP202401735

Bill Date : 13/08/2024

DOA : 6/8/2024 1:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 50,050.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
5	EQUIPMENT	₹ 4,000.00
6	GENERAL PROCEEDURE	₹ 5,999.00
7	LABORATORY	₹ 12,294.00
8	NURSING CHARGE	₹ 5,600.00
9	PROFESSIONAL TEAM FEES	₹ 32,500.00
10	RADIOLOGY	₹ 975.00
Tax Amount : 2,502.50		
Gross Amount		₹ 123,020.50
Net Payable		₹ 123,021.00
Advance Amount		₹ 90,000.00
Received Amount		₹ 33,021.00

Received Amount in Words : One Lakh Twenty-Three Thousand Twenty-One Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/6/2024	MMH/MH/RECH202403022	CARD	Advance Amount	20,000.00
2	8/12/2024	MMH/MH/RECH202403094	UPI	Advance Amount	30,000.00
3	8/12/2024	MMH/MH/RECH202403095	UPI	Advance Amount	30,000.00
4	8/12/2024	MMH/MH/RECH202403096	UPI	Advance Amount	10,000.00
5	8/13/2024	MMH/MH/REDH202417693	CHEQUE	Collected Amount	2,251.00
6	8/13/2024	MMH/MH/REDH202417694	UPI	Collected Amount	30,770.00