

IN PATIENT SUMMARY BILL

UHID : MMH202476198

IP No : IP2024000952

Patient name : Mrs.MARI SELVI S

Age : 33 Y 9 M 13 D/Female

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202400906

Bill Date : 27/04/2024

DOA : 26/4/2024 7:28AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,425.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 144.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 7,850.00
8	PROFESSIONAL TEAM FEES	₹ 55,000.00
Gross Amount		₹ 73,294.00
Net Payable		₹ 73,294.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 23,294.00

Received Amount in Words :
KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/04/2024	MMH/MH/RECH20240150	CASH	Advance Amount	50,000.00
2	27/04/2024	MMH/MH/REDH20240880	CASH	Collected Amount	23,294.00