

IN PATIENT SUMMARY BILL

UHID : MHE202421099

IP No : IPE2024000048

Patient name : Mrs.SEVVANTHA

Age : 25 Y 0 M 1 D/Female

Bill No : MMH/MV/IPE202400040

Bill Date : 29/04/2024

DOA : 28/4/2024 9:31PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.PARTHIBAN DURAISAMY

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 2,000.00
2	ADMINISTRATION CHARGES	₹ 200.00
3	BED CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 500.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 6,525.00
7	NURSING CHARGE	₹ 600.00
8	OTHER ADDITION	₹ 2,000.00
9	PROFESSIONAL TEAM FEES	₹ 7,500.00
Gross Amount		₹ 23,325.00
Net Payable		₹ 23,325.00
Advance Amount		₹ 19,000.00
Received Amount		₹ 4,325.00

Received Amount in Words : Twenty-Three Thousand Three Hundred
Twenty-Five Only

SUBHASHREE
NANDASWAMY
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	4,000.00
2	29/04/2024	MMH/MV/RECAP2024000	CARD	Advance Amount	15,000.00
3	29/04/2024	MMH/MV/RECB2024000	UPI	Collected Amount	4,325.00