

IN PATIENT SUMMARY BILL

UHID : MHI202483652

IP No : IPH2024001038

Patient name : Mrs.RANI.B

Age : 72 Y 9 M 28 D/Female

Bill No : MMH/HM/IPH202401034

Bill Date : 02/05/2024

DOA : 29/4/2024 11:54AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	GENERAL PROCEDURE	₹ 500.00
6	IP REGISTRATION	₹ 175.00
7	LABORATORY	₹ 1,234.00
8	MEDICAL RECORD CHARGE	₹ 300.00
9	NURSING CHARGE	₹ 1,600.00
10	PROFESSIONAL TEAM FEES	₹ 16,000.00
Gross Amount		₹ 30,109.00
Net Payable		₹ 30,109.00
Advance Amount		₹ 30,109.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty Thousand One Hundred Nine Only

PRAVEEN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/04/2024	MMH/HM/RECAP2024011	UPI	Advance Amount	10,109.00
2	30/04/2024	MMH/HM/RECAP2024011	CARD	Advance Amount	20,000.00