

IN PATIENT SUMMARY BILL

UHID : MMH202476336

IP No : IP2024001056

Patient name : Mrs.ROSELIN MARGERAT RANI

Age : 59 Y 6 M 19 D/Female

Bill No : MMH/MH/IP202401003

Bill Date : 09/05/2024

DOA : 8/5/2024 8:54PM

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	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 126.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 3,000.00
Gross Amount		₹ 6,126.00
Net Payable		₹ 6,126.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 1,126.00

Received Amount in Words : Six Thousand One Hundred Twenty-Six Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/05/2024	MMH/MH/RECH2024016	UPI	Advance Amount	5,000.00
2	09/05/2024	MMH/MH/REDH2024098	UPI	Collected Amount	1,126.00