IN PATIENT SUMMARY BILL

UHID : MMH202476342 Bill No : MMH/MH/IP202401340

: 24/06/2024 : IP2024001392 IP No Bill Date

Patient name : Mrs.LALITHA BAI : 21/6/2024 12:09PM DOA

: 57 Y 6 M 29 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.VIJAYAN.J

Amour			Description	S.No
350.0	₹		ADMINISTRATION CHARGES	1
13,975.0	₹		BED CHARGES	2
2,000.0	₹		DIET CHARGES	3
2,625.0	₹		DUTY MEDICAL OFFICER CHARGE	4
18,700.0	₹		EQUIPMENT	5
1,000.0	₹		GENERAL PROCEDURE	6
200.0	₹		INJECTION CHARGES	7
12,604.0	₹		LABORATORY	8
2,800.0	₹		NURSING CHARGE	9
10,700.0	₹		OPERATION THEATRE CHARGES	10
61,500.0	₹		PROFESSIONAL TEAM FEES	11
2,950.0	₹		RADIOLOGY	12
129,404.0	₹	Gross Amount		
129,404.0	₹	Net Payable		

Advance Amount ₹ 80,000.00 **Received Amount** ₹ 49,404.00

Received Amount in Words : One Lakh Twenty-Nine Thousand Four Hundred Four SUDHA.M Only **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/21/2024	MMH/MH/RECH202402292	UPI	Advance Amount	30,000.00
2	6/23/2024	MMH/MH/RECH202402330	CASH	Advance Amount	50,000.00
3	6/24/2024	MMH/MH/REDH202413507	CHEQUE	Collected Amount	1,889.00
4	6/24/2024	MMH/MH/REDH202413508	CASH	Collected Amount	47,515.00