

IN PATIENT SUMMARY BILL

UHID : MMH202476469

IP No : IP2024001028

Patient name : Mrs.SELVI A

Age : 25 Y 4 M 18 D/Female

Bill No : MMH/MH/IP202400972

Bill Date : 06/05/2024

DOA : 4/5/2024 1:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANUSHA RAAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 7,850.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 1,800.00
5	LABORATORY	₹ 132.00
6	NURSING CHARGE	₹ 1,600.00
7	PROFESSIONAL TEAM FEES	₹ 30,000.00
Gross Amount		₹ 48,382.00
Net Payable		₹ 48,382.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 28,382.00

Received Amount in Words : Forty-Eight Thousand Three Hundred Eighty-Two Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	20,000.00
2	06/05/2024	MMH/MH/REDH2024095	CHEQUE	Collected Amount	1,439.00
3	06/05/2024	MMH/MH/REDH2024095	CARD	Collected Amount	26,943.00