

IN PATIENT SUMMARY BILL

UHID : MMH202476519

IP No : IP2024001154

Patient name : Mrs.GAYATHRI M

Age : 24 Y 0 M 19 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401119

Bill Date : 25/05/2024

DOA : 22/5/2024 10:49AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
4	EQUIPMENT	₹ 24,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 10,428.00
8	NURSING CHARGE	₹ 2,800.00
9	OPERATION THEATRE CHARGES	₹ 13,700.00
10	PROFESSIONAL TEAM FEES	₹ 72,000.00
11	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 144,303.00
Net Payable		₹ 144,303.00
Advance Amount		₹ 110,000.00
Received Amount		₹ 34,303.00

Received Amount in Words : One Lakh Forty-Four Thousand Three Hundred Three Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/05/2024	MMH/MH/RECH2024018	CASH	Advance Amount	30,000.00
2	24/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	80,000.00
3	25/05/2024	MMH/MH/REDH2024111	CHEQUE	Collected Amount	4,921.00
4	25/05/2024	MMH/MH/REDH2024111	CASH	Collected Amount	29,382.00