

IN PATIENT SUMMARY BILL

UHID : MMH202476813

IP No : IP2024001082

Patient name : Ms.MALLIKA G

Age : 76 Y 0 M 3 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401050

Bill Date : 14/05/2024

DOA : 11/5/2024 11:44AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	BLOOD COMPONENTS	₹ 7,650.00
4	DIET CHARGES	₹ 2,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
6	EQUIPMENT	₹ 1,200.00
7	LABORATORY	₹ 10,228.00
8	NURSING CHARGE	₹ 2,800.00
9	PROFESSIONAL TEAM FEES	₹ 9,000.00
10	RADIOLOGY	₹ 8,400.00

Gross Amount₹ 48,103.00

Net Payable₹ 48,103.00

Advance Amount₹ 35,000.00

Received Amount₹ 13,103.00

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

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	10,000.00
2	13/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	25,000.00
3	14/05/2024	MMH/MH/REDH2024101	CARD	Collected Amount	13,103.00