

IN PATIENT SUMMARY BILL

UHID : MMH202476877

IP No : IP2024001088

Patient name : Mrs.NEELA M

Age : 60 Y 0 M 1 D/Female

Bill No : MMH/MH/IP202401049

Bill Date : 13/05/2024

DOA : 12/5/2024 1:19PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUN KUMAR.I

| S.No | Description                 | Amount      |
|------|-----------------------------|-------------|
| 1    | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2    | BED CHARGES                 | ₹ 1,650.00  |
| 3    | DIET CHARGES                | ₹ 1,000.00  |
| 4    | DUTY MEDICAL OFFICER CHARGE | ₹ 1,125.00  |
| 5    | INJECTION CHARGES           | ₹ 200.00    |
| 6    | LABORATORY                  | ₹ 7,068.00  |
| 7    | NURSING CHARGE              | ₹ 1,200.00  |
| 8    | OPERATION THEATRE CHARGES   | ₹ 4,150.00  |
| 9    | PROFESSIONAL TEAM FEES      | ₹ 25,000.00 |
| 10   | RADIOLOGY                   | ₹ 3,555.00  |

Gross Amount₹ 45,298.00

Net Payable₹ 45,298.00

Advance Amount₹ 15,000.00

Received Amount₹ 30,298.00

Received Amount in Words : Forty-Five Thousand Two Hundred  
Ninety-Eight Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1    | 12/05/2024   | MMH/MH/RECH2024017 | CARD         | Advance Amount   | 15,000.00       |
| 2    | 13/05/2024   | MMH/MH/REDH2024101 | UPI          | Collected Amount | 30,298.00       |