

IN PATIENT SUMMARY BILL

UHID : MMH202476999

IP No : IP2024001153

Patient name : Child.HEVANTHIKAA.M

Age : 5 Y 10 M 8 D/Female

Consultant Name : Dr.PRIYA M

Bill No : MMH/MH/IP202401101

Bill Date : 22/05/2024

DOA : 22/5/2024 7:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 2,100.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 375.00 |
| 4 | NURSING CHARGE | ₹ 400.00 |
| 5 | OPERATION THEATRE CHARGES | ₹ 5,350.00 |
| 6 | PROFESSIONAL TEAM FEES | ₹ 20,000.00 |
| Gross Amount | | ₹ 28,575.00 |
| Net Payable | | ₹ 28,575.00 |
| Advance Amount | | ₹ 10,100.00 |
| Received Amount | | ₹ 18,475.00 |

Received Amount in Words : Twenty-Eight Thousand Five Hundred Seventy-Five Only

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1 | 22/05/2024 | MMH/MH/RECH2024018 | CARD | Advance Amount | 10,100.00 |
| 2 | 22/05/2024 | MMH/MH/REDH2024109 | CARD | Collected Amount | 18,475.00 |