

IN PATIENT SUMMARY BILL

UHID : MMH202477186

IP No : IP2024001158

Patient name : Ms.DHANYA

Age : 18 Y 1 M 5 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401140

Bill Date : 27/05/2024

DOA : 22/5/2024 3:44PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,250.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	EQUIPMENT	₹ 11,000.00
6	GENERAL PROCEDURE	₹ 1,650.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 10,600.00
9	NURSING CHARGE	₹ 4,000.00
10	OPERATION THEATRE CHARGES	₹ 14,200.00
11	PROFESSIONAL TEAM FEES	₹ 60,000.00
12	RADIOLOGY	₹ 9,000.00
Gross Amount		₹ 136,000.00
Net Payable		₹ 136,000.00
Advance Amount		₹ 136,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Thirty-Six Thousand Only

KARTHICK.S  
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	30,000.00
2	27/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	26,000.00
3	27/05/2024	MMH/MH/RECH2024019	UPI	Advance Amount	29,000.00
4	27/05/2024	MMH/MH/RECH2024019	NEFT	Advance Amount	25,000.00
5	27/05/2024	MMH/MH/RECH2024019	UPI	Advance Amount	26,000.00