

IN PATIENT SUMMARY BILL

UHID : MMH202477328

IP No : IP2024001208

Patient name : Mrs.PARAMESVARY M

Age : 49 Y 7 M 29 D/Female

Consultant Name : Dr.MANIKANDA PRABHU

Bill No : MMH/MH/IP202401150

Bill Date : 29/05/2024

DOA : 28/5/2024 10:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	NURSING CHARGE	₹ 800.00
5	OPERATION THEATRE CHARGES	₹ 2,850.00
6	PROFESSIONAL FEES	₹ 25,000.00
Gross Amount		₹ 30,850.00
Net Payable		₹ 30,850.00
Advance Amount		₹ 30,850.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty Thousand Eight Hundred Fifty Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	5,000.00
2	29/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	18,000.00
3	29/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	7,850.00