

IN PATIENT SUMMARY BILL

UHID : MMH202477408

IP No : IP2024001225

Patient name : Mrs.NIRMALA M

Age : 60 Y 0 M 2 D/Female

Consultant Name : Dr.KUMAR GK

Bill No : MMH/MH/IP202401192

Bill Date : 03/06/2024

DOA : 1/6/2024 9:25AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 1,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 132.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 8,700.00
10	PHARMACY CHARGE	₹ 936.00
11	PROFESSIONAL TEAM FEES	₹ 25,000.00
Gross Amount		₹ 49,068.00
Net Payable		₹ 49,068.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 19,068.00

Received Amount in Words : Forty-Nine Thousand Sixty-Eight Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/06/2024	MMH/MH/RECH2024020	CARD	Advance Amount	30,000.00
2	03/06/2024	MMH/MH/REDH2024119	CARD	Collected Amount	19,068.00