

IN PATIENT SUMMARY BILL

UHID : MMH202477465

IP No : IP2024001236

Patient name : Mrs.ANANTHALAKSHMI.V

Age : 56 Y 10 M 3 D/Female

Consultant Name : Dr.GOWRI SHANKAR.M

Bill No : MMH/MH/IP202401187

Bill Date : 03/06/2024

DOA : 2/6/2024 6:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 1,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 9,216.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 12,450.00
9	PHARMACY CHARGE	₹ 7,017.00
10	PROFESSIONAL TEAM FEES	₹ 2,000.00
Gross Amount		₹ 39,233.00
Net Payable		₹ 39,233.00
Advance Amount		₹ 39,233.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Nine Thousand Two Hundred
Thirty-Three Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/06/2024	MMH/MH/RECH2024020:	CARD	Advance Amount	10,000.00
2	02/06/2024	MMH/MH/RECH2024020:	CARD	Advance Amount	29,233.00