

IN PATIENT SUMMARY BILL

UHID : MHP202400806

IP No : IP2024001259

Patient name : Mrs.GOMATHI B

Age : 37 Y 9 M 14 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401219

Bill Date : 07/06/2024

DOA : 4/6/2024 10:56AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,625.00
3	DIET CHARGES	₹ 1,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	LABORATORY	₹ 28,248.00
6	NURSING CHARGE	₹ 2,800.00
7	PHYSIOTHERAPY	₹ 2,000.00
8	PROFESSIONAL TEAM FEES	₹ 9,000.00
9	RADIOLOGY	₹ 12,000.00
Gross Amount		₹ 68,248.00
Net Payable		₹ 68,248.00
Advance Amount		₹ 63,486.00
Received Amount		₹ 4,762.00

Received Amount in Words : Sixty-Eight Thousand Two Hundred Forty-Eight Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/4/2024	MMH/MH/RECH202402057	CASH	Advance Amount	15,000.00
2	6/7/2024	MMH/MH/RECH202402114	CASH	Advance Amount	30,000.00
3	6/7/2024	MMH/MH/RECH202402115	UPI	Advance Amount	18,486.00
4	6/7/2024	MMH/MH/REDH202412226	CHEQUE	Collected Amount	4,762.00