

IN PATIENT SUMMARY BILL

UHID : MHP202400809

IP No : IP2024001247

Patient name : Mrs.INDRA P

Age : 91 Y 0 M 4 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401254

Bill Date : 12/06/2024

DOA : 3/6/2024 1:22PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,750.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,750.00
5	EQUIPMENT	₹ 2,200.00
6	GENERAL PROCEDURE	₹ 2,000.00
7	LABORATORY	₹ 28,270.00
8	NURSING CHARGE	₹ 7,200.00
9	PACKAGE	₹ 10,000.00
10	PROFESSIONAL TEAM FEES	₹ 80,500.00
11	RADIOLOGY	₹ 37,910.00
Gross Amount		₹ 201,930.00
Net Payable		₹ 201,930.00
Advance Amount		₹ 170,000.00
Received Amount		₹ 31,930.00

Received Amount in Words : Two Lakh One Thousand Nine Hundred Thirty Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/3/2024	MMH/MH/RECH202402044	CASH	Advance Amount	20,000.00
2	6/7/2024	MMH/MH/RECH202402106	CARD	Advance Amount	80,000.00
3	6/10/2024	MMH/MH/RECH202402148	CARD	Advance Amount	30,000.00
4	6/12/2024	MMH/MH/RECH202402170	CARD	Advance Amount	40,000.00
5	6/12/2024	MMH/MH/REDH202412681	CARD	Collected Amount	31,930.00