

IN PATIENT SUMMARY BILL

UHID : MMH202477620

IP No : IP2024001434

Patient name : Mrs.SANGEETHA S

Age : 29 Y 2 M 28 D/Female

Consultant Name : Dr.SREEVIDYA.J

Bill No : MMH/MH/IP202401384

Bill Date : 28/06/2024

DOA : 26/6/2024 9:41PM

DOD :

Entity Type : Insurance

Entity Name : NOT CONFIRMED

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 2,514.00
6	NURSING CHARGE	₹ 800.00
7	PROFESSIONAL TEAM FEES	₹ 2,000.00
8	RADIOLOGY	₹ 1,800.00
Gross Amount		₹ 11,464.00
Net Payable		₹ 11,464.00
Advance Amount		₹ 11,464.00
Received Amount		₹ 0.00

Received Amount in Words : Eleven Thousand Four Hundred Sixty-Four Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/26/2024	MMH/MH/RECH202402373	UPI	Advance Amount	3,000.00
2	6/27/2024	MMH/MH/RECH202402388	CARD	Advance Amount	8,464.00