

IN PATIENT SUMMARY BILL

UHID : MHI202484248

IP No : IP2024001690

Patient name : Mrs.NITHYA DHARSHINI.P

Age : 40 Y 11 M 3 D/Female

Consultant Name : Dr.SAKTHIVEL

Bill No : MMH/MH/IP202401668

Bill Date : 02/08/2024

DOA : 28/7/2024 4:45PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 6,060.00
6	NURSING CHARGE	₹ 4,000.00
7	OPERATION THEATRE CHARGES	₹ 35,550.00
8	PHYSIOTHERAPY	₹ 1,800.00
9	PROFESSIONAL TEAM FEES	₹ 70,000.00
10	RADIOLOGY	₹ 480.00

Gross Amount₹143,190.00

Net Payable₹143,190.00

Advance Amount₹100,000.00

Received Amount₹43,190.00

Received Amount in Words : One Lakh Forty-Three Thousand One Hundred Ninety Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/28/2024	MMH/MH/RECH202402874	CASH	Advance Amount	100,000.00
2	8/2/2024	MMH/MH/REDH202416878	CASH	Collected Amount	43,190.00