

IN PATIENT SUMMARY BILL

UHID : MMH202478034

IP No : IP2024001329

Patient name : Mrs.MANIMEGALAI.K

Age : 49 Y 9 M 18 D/Female

Consultant Name : Dr.SRIVIDHYA.S

Bill No : MMH/MH/IP202401279

Bill Date : 16/06/2024

DOA : 14/6/2024 7:45AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,375.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 9,053.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 9,850.00
10	PROFESSIONAL TEAM FEES	₹ 19,897.00
11	RADIOLOGY	₹ 400.00
Gross Amount		₹ 57,000.00
Net Payable		₹ 57,000.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 32,000.00

Received Amount in Words : Fifty-Seven Thousand Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/14/2024	MMH/MH/RECH202402181	CASH	Advance Amount	10,000.00
2	6/15/2024	MMH/MH/RECH202402193	CASH	Advance Amount	15,000.00
3	6/16/2024	MMH/MH/REDH202412968	CASH	Collected Amount	32,000.00