

IN PATIENT SUMMARY BILL

UHID : MMH202478107

IP No : IP2024001436

Patient name : Mrs.SARANYA

Age : 33 Y 1 M 13 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401405

Bill Date : 30/06/2024

DOA : 27/6/2024 11:09AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 14,477.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 18,096.00
10	PROFESSIONAL TEAM FEES	₹ 69,500.00
11	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 127,573.00
Net Payable		₹ 127,573.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 27,573.00

Received Amount in Words : One Lakh Twenty-Seven Thousand Five Hundred Seventy-Three Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/27/2024	MMH/MH/RECH202402375	UPI	Advance Amount	50,000.00
2	6/30/2024	MMH/MH/RECH202402430	CARD	Advance Amount	50,000.00
3	6/30/2024	MMH/MH/REDH202414024	CARD	Collected Amount	27,573.00