

IN PATIENT SUMMARY BILL

UHID : MMH202478127

IP No : IP2024001337

Patient name : Dr.PAREENDRA KUMARI CHINTHAMANI

Age : 83 Y 3 M 1 D/Female

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202401282

Bill Date : 17/06/2024

DOA : 15/6/2024 4:37PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 10,433.00
7	NURSING CHARGE	₹ 1,600.00
8	PHARMACY CHARGE	₹ 7,665.00
9	PROFESSIONAL TEAM FEES	₹ 2,000.00
10	RADIOLOGY	₹ 16,900.00
11	TRANSPORT	₹ 3,500.00
Gross Amount		₹ 54,848.00
Net Payable		₹ 54,848.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 34,848.00

Received Amount in Words : Fifty-Four Thousand Eight Hundred Forty-Eight Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/17/2024	MMH/MH/RECH202402217	CARD	Advance Amount	20,000.00
2	6/17/2024	MMH/MH/REDH202413035	CARD	Collected Amount	20,000.00
3	6/17/2024	MMH/MH/REDH202413036	UPI	Collected Amount	14,848.00