

IN PATIENT SUMMARY BILL

UHID : MMH202478255

IP No : IP2024001360

Patient name : Baby.DILNAZ FATHIMA

Age : 0 Y 1 M 13 D/Female

Consultant Name : Dr.VIGNESHWARAN P

Bill No : MMH/MH/IP202401292

Bill Date : 18/06/2024

DOA : 18/6/2024 11:21AM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 550.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 375.00 |
| 4 | NURSING CHARGE | ₹ 400.00 |
| 5 | OPERATION THEATRE CHARGES | ₹ 4,750.00 |
| 6 | PROFESSIONAL TEAM FEES | ₹ 22,000.00 |
| Gross Amount | | ₹ 28,425.00 |
| Net Payable | | ₹ 28,425.00 |
| Advance Amount | | ₹ 15,000.00 |
| Received Amount | | ₹ 13,425.00 |

Received Amount in Words : Twenty-Eight Thousand Four Hundred Twenty-Five Only

KARTHICK.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 6/18/2024 | MMH/MH/RECH202402236 | CARD | Advance Amount | 15,000.00 |
| 2 | 6/18/2024 | MMH/MH/REDH202413122 | CARD | Collected Amount | 13,425.00 |