

IN PATIENT SUMMARY BILL

UHID : MMH202478575

IP No : IP2024001431

Patient name : Mrs.PARVATHY G

Age : 82 Y 0 M 22 D/Female

Consultant Name : Dr.SHIVA KUMAR D

Bill No : MMH/MH/IP202401387

Bill Date : 28/06/2024

DOA : 26/6/2024 3:21PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DIALYSIS / DIALYZER	₹ 8,700.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
6	GENERAL PROCEDURE	₹ 4,000.00
7	LABORATORY	₹ 525.00
8	NURSING CHARGE	₹ 2,000.00
9	PROFESSIONAL FEES	₹ 10,000.00
10	RADIOLOGY	₹ 525.00
Gross Amount		₹ 31,725.00
Net Payable		₹ 31,725.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 16,725.00

Received Amount in Words : Thirty-One Thousand Seven Hundred Twenty-Five Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/26/2024	MMH/MH/RECH202402368	CASH	Advance Amount	15,000.00
2	6/28/2024	MMH/MH/REDH202413900	CARD	Collected Amount	16,725.00