

IN PATIENT SUMMARY BILL

UHID : MMH202478751

IP No : IP2024001467

Patient name : Mrs.RANI TINESH

Age : 71 Y 6 M 3 D/Female

Consultant Name : Dr.BASU MANI

Bill No : MMH/MH/IP202401426

Bill Date : 02/07/2024

DOA : 30/6/2024 11:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 9,218.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 3,500.00
8	PHARMACY CHARGE	₹ 6,496.00
9	PROFESSIONAL TEAM FEES	₹ 7,000.00
10	RADIOLOGY	₹ 1,500.00
Gross Amount		₹ 36,864.00
Net Payable		₹ 36,864.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 33,864.00

Received Amount in Words : Thirty-Six Thousand Eight Hundred Sixty-Four Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/30/2024	MMH/MH/RECH202402441	CARD	Advance Amount	3,000.00
2	7/2/2024	MMH/MH/REDH202414250	CARD	Collected Amount	33,864.00