

IN PATIENT SUMMARY BILL

UHID : MMH202479093

IP No : IP2024001533

Patient name : B/O.RUBY ROSE

Age : 0 Y 0 M 4 D/Female

Consultant Name : Dr.MALLADI SARAT CHANDRA

Bill No : MMH/MH/IP202401478

Bill Date : 12/07/2024

DOA : 8/7/2024 8:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	GENERAL PROCEDURE	₹ 1,000.00
3	LABORATORY	₹ 1,920.00
4	NURSING CHARGE	₹ 3,200.00
5	PROFESSIONAL TEAM FEES	₹ 7,500.00
6	RADIOLOGY	₹ 2,000.00

Gross Amount₹15,970.00

Net Payable₹15,970.00

Received Amount₹15,970.00

Received Amount in Words : Fifteen Thousand Nine Hundred Seventy Only

SUDHA.M

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/12/2024	MMH/MH/REDH202415165	CASH	Collected Amount	15,970.00