

IN PATIENT SUMMARY BILL

UHID : MMH202479199

IP No : IP2024001570

Patient name : Mrs.AMARAVATHI S

Age : 33 Y 3 M 24 D/Female

Consultant Name : Dr.SUBRAMANIAM.S

Bill No : MMH/MH/IP202401496

Bill Date : 14/07/2024

DOA : 12/7/2024 9:47AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	LABORATORY	₹ 132.00
6	NURSING CHARGE	₹ 2,000.00
7	OPERATION THEATRE CHARGES	₹ 17,470.00
8	PROFESSIONAL TEAM FEES	₹ 54,000.00
9	RADIOLOGY	₹ 825.00
Gross Amount		₹ 85,027.00
Net Payable		₹ 85,027.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 5,027.00

Received Amount in Words : Eighty-Five Thousand Twenty-Seven 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/RECH202402606	UPI	Advance Amount	10,000.00
2	7/12/2024	MMH/MH/RECH202402607	CASH	Advance Amount	70,000.00
3	7/14/2024	MMH/MH/REDH202415293	CASH	Collected Amount	5,027.00