IN PATIENT SUMMARY BILL

UHID : MMH202479225 Bill No : MMH/MH/IP202401509

: IP2024001576 : 16/07/2024 IP No Bill Date

Patient name : Mrs.SUDARMATHY M : 12/7/2024 8:55PM DOA

DOD : 47 Y 8 M 1 D/Female Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.DURAI RAVI

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	15,400.00
3	DIET CHARGES		₹	2,000.00
4	DUTY MEDICAL OFFICER CHARGE		₹	3,000.00
5	EQUIPMENT		₹	22,500.00
6	INJECTION CHARGES		₹	200.00
7	LABORATORY		₹	144.00
8	NURSING CHARGE		₹	3,200.00
9	OPERATION THEATRE CHARGES		₹	13,150.00
10	PROFESSIONAL TEAM FEES		₹	65,000.00
		Gross Amount	₹	124,944.00
		Net Payable	₹	124,944.00
		Advance Amount	₹	30,000.00

₹ **Received Amount** 94,944.00

SUDHA.M **Received Amount in Words** : One Lakh Twenty-Four Thousand Nine Hundred

Forty-Four Only **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/12/2024	MMH/MH/RECH202402628	UPI	Advance Amount	30,000.00
2	7/16/2024	MMH/MH/REDH202415441	CHEQUE	Collected Amount	2,503.00
3	7/16/2024	MMH/MH/REDH202415442	UPI	Collected Amount	92,441.00