

IN PATIENT SUMMARY BILL

UHID : MMH202479291

IP No : IP2024001601

Patient name : Mrs.SARADHA

Age : 42 Y 2 M 15 D/Female

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202401558

Bill Date : 20/07/2024

DOA : 17/7/2024 9:57AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	GENERAL PROCEDURE	₹ 1,450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 126.00
8	NURSING CHARGE	₹ 2,800.00
9	OPERATION THEATRE CHARGES	₹ 15,050.00
10	PHYSIOTHERAPY	₹ 2,500.00
11	PROFESSIONAL TEAM FEES	₹ 69,000.00
Gross Amount		₹ 99,951.00
Net Payable		₹ 99,951.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 19,951.00

Received Amount in Words : Ninety-Nine Thousand Nine Hundred Fifty-One Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/17/2024	MMH/MH/RECH202402692	CARD	Advance Amount	30,000.00
2	7/19/2024	MMH/MH/RECH202402737	CASH	Advance Amount	50,000.00
3	7/20/2024	MMH/MH/REDH202415853	CARD	Collected Amount	17,588.00
4	7/20/2024	MMH/MH/REDH202415854	CHEQUE	Collected Amount	2,363.00