

IN PATIENT SUMMARY BILL

UHID : MMH202479518

IP No : IP2024001651

Patient name : Mrs.AKILA RAMAN

Age : 63 Y 10 M 6 D/Female

Consultant Name : Dr.ARUN KANNAN

Bill No : MMH/MH/IP202401581

Bill Date : 24/07/2024

DOA : 23/7/2024 5:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2               | BED CHARGES                 | ₹ 7,425.00   |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 1,125.00   |
| 4               | EQUIPMENT                   | ₹ 5,000.00   |
| 5               | INJECTION CHARGES           | ₹ 200.00     |
| 6               | LABORATORY                  | ₹ 144.00     |
| 7               | NURSING CHARGE              | ₹ 1,200.00   |
| 8               | OPERATION THEATRE CHARGES   | ₹ 15,450.00  |
| 9               | PROFESSIONAL TEAM FEES      | ₹ 85,000.00  |
| Gross Amount    |                             | ₹ 115,894.00 |
| Net Payable     |                             | ₹ 115,894.00 |
| Advance Amount  |                             | ₹ 50,000.00  |
| Received Amount |                             | ₹ 65,894.00  |

Received Amount in Words : One Lakh Fifteen Thousand Eight Hundred Ninety-Four Only

SUDHA.M  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1    | 7/23/2024    | MMH/MH/RECH202402795 | CARD         | Advance Amount   | 50,000.00       |
| 2    | 7/24/2024    | MMH/MH/REDH202416138 | CARD         | Collected Amount | 15,894.00       |
| 3    | 7/24/2024    | MMH/MH/REDH202416139 | UPI          | Collected Amount | 50,000.00       |