

IN PATIENT SUMMARY BILL

UHID : MMH202479545

IP No : IP2024001628

Patient name : Mrs.SIVAPRIYA MOHAN

Age : 49 Y 1 M 10 D/Female

Bill No : MMH/MH/IP202401569

Bill Date : 22/07/2024

DOA : 19/7/2024 6:23PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.UMA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,550.00
3	BLOOD COMPONENTS	₹ 10,200.00
4	DIET CHARGES	₹ 2,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 16,574.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 4,750.00
10	PROFESSIONAL TEAM FEES	₹ 32,000.00
Gross Amount		₹ 82,274.00
Net Payable		₹ 82,274.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 52,274.00

Received Amount in Words : Eighty-Two Thousand Two Hundred Seventy-Four Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/19/2024	MMH/MH/RECH202402742	CARD	Advance Amount	10,000.00
2	7/20/2024	MMH/MH/RECH202402773	CARD	Advance Amount	20,000.00
3	7/22/2024	MMH/MH/REDH202415985	CHEQUE	Collected Amount	1,450.00
4	7/22/2024	MMH/MH/REDH202415986	UPI	Collected Amount	50,824.00