

IN PATIENT SUMMARY BILL

UHID : MMH202479625

IP No : IP2024001638

Patient name : Mrs.AJITHA VASAN

Age : 79 Y 9 M 18 D/Female

Bill No : MMH/MH/IP202401567

Bill Date : 22/07/2024

DOA : 21/7/2024 5:17PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BASU MANI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 144.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 4,750.00
8	PROFESSIONAL TEAM FEES	₹ 8,500.00
9	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 22,344.00
Net Payable		₹ 22,344.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 12,344.00

Received Amount in Words : Twenty-Two Thousand Three Hundred Forty-Four Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/21/2024	MMH/MH/RECH202402776	CARD	Advance Amount	10,000.00
2	7/22/2024	MMH/MH/REDH202415935	CASH	Collected Amount	12,344.00