

IN PATIENT SUMMARY BILL

UHID : MMH202479792

IP No : IP2024001668

Patient name : B/O.LAVANYA R

Age : 0 Y 0 M 5 D/Male

Consultant Name : Dr.MALLADI SARAT CHANDRA

Bill No : MMH/MH/IP202401639

Bill Date : 30/07/2024

DOA : 25/7/2024 5:41AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	GENERAL PROCEDURE	₹ 1,000.00
3	LABORATORY	₹ 1,790.40
4	PROFESSIONAL TEAM FEES	₹ 6,500.00
Gross Amount		₹ 9,640.40
Net Payable		₹ 9,640.00
Received Amount		₹ 9,640.00

Received Amount in Words : Nine Thousand Six Hundred Forty Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/30/2024	MMH/MH/REDH202416631	CARD	Collected Amount	9,640.00