

IN PATIENT SUMMARY BILL

UHID : MMH202479863

IP No : IP2024001678

Patient name : Ms.LAVANYA N

Age : 16 Y 3 M 20 D/Female

Consultant Name : Dr.MANIAN

Bill No : MMH/MH/IP202401622

Bill Date : 28/07/2024

DOA : 26/7/2024 7:09PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 5,004.00
5	NURSING CHARGE	₹ 1,600.00
6	PROFESSIONAL TEAM FEES	₹ 2,000.00
7	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 20,854.00
Net Payable		₹ 20,854.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 10,854.00

Received Amount in Words : Twenty Thousand Eight Hundred Fifty-Four Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/26/2024	MMH/MH/RECH202402843	CASH	Advance Amount	1,400.00
2	7/26/2024	MMH/MH/RECH202402844	CARD	Advance Amount	8,600.00
3	7/28/2024	MMH/MH/REDH202416470	CHEQUE	Collected Amount	1,039.00
4	7/28/2024	MMH/MH/REDH202416471	CARD	Collected Amount	9,815.00