

IN PATIENT SUMMARY BILL

UHID : MMH202479911

IP No : IP2024001695

Patient name : B/O.SARANYA

Age : 0 Y 0 M 7 D/Female

Consultant Name : Dr.MALLADI SARAT CHANDRA

Bill No : MMH/MH/IP202401686

Bill Date : 05/08/2024

DOA : 29/7/2024 5:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	EQUIPMENT	₹ 1,500.00
3	GENERAL PROCEDURE	₹ 1,400.00
4	LABORATORY	₹ 1,933.40
5	NURSING CHARGE	₹ 3,000.00
6	PROFESSIONAL TEAM FEES	₹ 6,500.00
Gross Amount		₹ 14,683.40
Net Payable		₹ 14,683.00
Advance Amount		₹ 14,683.00
Received Amount		₹ 0.00

Received Amount in Words : Fourteen Thousand Six Hundred Eighty-Three Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/1/2024	MMH/MH/RECH202402949	CARD	Advance Amount	14,683.00