

IN PATIENT SUMMARY BILL

UHID : MHP202400997

IP No : IP2024001708

Patient name : Mrs.BAGAVATHI N

Age : 56 Y 0 M 0 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401647

Bill Date : 31/07/2024

DOA : 30/7/2024 4:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	DIET CHARGES	₹ 1,000.00
4	EQUIPMENT	₹ 10,500.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 19,288.00
7	NURSING CHARGE	₹ 2,000.00
8	PROFESSIONAL TEAM FEES	₹ 4,500.00
9	RADIOLOGY	₹ 3,400.00
Gross Amount		₹ 51,538.00
Net Payable		₹ 51,538.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 36,538.00

Received Amount in Words : Fifty-One Thousand Five Hundred Thirty-Eight 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/RECH202402912	CARD	Advance Amount	15,000.00
2	7/31/2024	MMH/MH/REDH202416703	CARD	Collected Amount	36,538.00