

IN PATIENT SUMMARY BILL

UHID : MMH202479981
IP No : IP2024001713
Patient name : Mrs.PADMAVATHI
Age : 39 Y 9 M 28 D/Female

Bill No : MMH/MH/IP202401665
Bill Date : 01/08/2024
DOA : 31/7/2024 8:00AM
DOD : 02/8/2024 8:30AM
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.RENGAN.R.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,800.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 9,500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 1,944.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 13,350.00
10	PROFESSIONAL TEAM FEES	₹ 130,000.00

Gross Amount ₹ 167,744.00

Net Payable ₹ 167,744.00

Advance Amount ₹ 55,000.00

Received Amount ₹ 112,744.00

Received Amount in Words : One Lakh Sixty-Seven Thousand Seven Hundred
Forty-Four Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/31/2024	MMH/MH/RECH202402915	CARD	Advance Amount	5,000.00
2	7/31/2024	MMH/MH/RECH202402922	CARD	Advance Amount	50,000.00
3	8/1/2024	MMH/MH/REDH202416841	CHEQUE	Collected Amount	1,793.00
4	8/1/2024	MMH/MH/REDH202416842	CARD	Collected Amount	110,951.00