## IN PATIENT SUMMARY BILL

UHID : MMH202480104 Bill No : MMH/MH/IP202401682

 IP No
 : IP2024001735
 Bill Date
 : 04/08/2024

 Patient name
 : Mrs.VENKATA PADMAVATHI
 DOA
 : 2/8/2024 2:12PM

Age : 33 Y 5 M 12 D/Female DOD :

Entity Type : CASH Entity Name : CASH

Consultant Name : Dr.SAKTHIDEVI.P

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	5,500.00
3	DIET CHARGES		₹	1,500.00
4	DUTY MEDICAL OFFICER CHARGE		₹	1,500.00
5	LABORATORY		₹	8,313.00
6	NURSING CHARGE		₹	1,600.00
7	PROFESSIONAL TEAM FEES		₹	7,500.00
8	RADIOLOGY		₹	32,400.00
		Gross Amount	₹	58,663.00
		Net Payable	₹	58,663.00
		Advance Amount	₹	43,000.00

 Advance Amount
 ₹
 43,000.00

 Received Amount
 ₹
 15,663.00

Received Amount in Words : Fifty-Eight Thousand Six Hundred Sixty-Three Only KARTHICK.S

**Authorised Signature** 

## **Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/2/2024	MMH/MH/RECH202402972	CARD	Advance Amount	3,000.00
2	8/4/2024	MMH/MH/RECH202402987	CARD	Advance Amount	40,000.00
3	8/4/2024	MMH/MH/REDH202416994	CARD	Collected Amount	15,663.00