

IN PATIENT SUMMARY BILL

UHID : MHP202401055

IP No : IP2024002124

Patient name : Mrs.KOTHAI R

Age : 74 Y 8 M 29 D/Female

Consultant Name : Dr.AZMI SAUNDARYA

Bill No : MMH/MH/IP202402047

Bill Date : 23/09/2024

DOA : 23/9/2024 11:43AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,925.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	LABORATORY	₹ 6,588.00
5	NURSING CHARGE	₹ 400.00
6	PROFESSIONAL TEAM FEES	₹ 5,000.00
Gross Amount		₹ 14,638.00
Net Payable		₹ 14,638.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 9,638.00

Received Amount in Words : Fourteen Thousand Six Hundred Thirty-Eight Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/23/2024	MMH/MH/RECH202403711	CARD	Advance Amount	5,000.00
2	9/23/2024	MMH/MH/REDH202420957	CARD	Collected Amount	9,638.00