

IN PATIENT SUMMARY BILL

UHID : MHP202401055

IP No : IP2024002171

Patient name : Mrs.KOTHAI R

Age : 74 Y 9 M 4 D/Female

Consultant Name : Dr.AZMI SAUNDARYA

Bill No : MMH/MH/IP202402089

Bill Date : 29/09/2024

DOA : 28/9/2024 10:31PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 5,151.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 5,000.00
7	RADIOLOGY	₹ 800.00
Gross Amount		₹ 13,951.00
Net Payable		₹ 13,951.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 8,951.00

Received Amount in Words : Thirteen Thousand Nine Hundred Fifty-One Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/29/2024	MMH/MH/RECH202403819	CARD	Advance Amount	5,000.00
2	9/29/2024	MMH/MH/REDH202421416	CARD	Collected Amount	8,951.00