

IN PATIENT SUMMARY BILL

UHID : MMH202480603

IP No : IP2024001822

Patient name : Mrs.SATHYA.M

Age : 36 Y 10 M 4 D/Female

Consultant Name : Dr.ARUN KANNAN

Bill No : MMH/MH/IP202401757

Bill Date : 16/08/2024

DOA : 15/8/2024 8:40AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,650.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	EQUIPMENT	₹ 1,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 126.00
7	NURSING CHARGE	₹ 1,200.00
8	OPERATION THEATRE CHARGES	₹ 20,800.00
9	PROFESSIONAL TEAM FEES	₹ 70,000.00
Gross Amount		₹ 96,451.00
Net Payable		₹ 96,451.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 56,451.00

Received Amount in Words : Ninety-Six Thousand Four Hundred Fifty-One Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/15/2024	MMH/MH/RECH202403141	CASH	Advance Amount	10,000.00
2	8/15/2024	MMH/MH/RECH202403143	UPI	Advance Amount	30,000.00
3	8/16/2024	MMH/MH/REDH202417944	UPI	Collected Amount	20,000.00
4	8/16/2024	MMH/MH/REDH202417945	CARD	Collected Amount	20,000.00
5	8/16/2024	MMH/MH/REDH202417946	CASH	Collected Amount	16,451.00