

IN PATIENT SUMMARY BILL

UHID : MMH202480667

IP No : IP2024001849

Patient name : Mrs.VANDHANA

Age : 26 Y 6 M 27 D/Female

Bill No : MMH/MH/IP202401778

Bill Date : 19/08/2024

DOA : 19/8/2024 1:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CHARAN J.C.

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 6,732.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 5,350.00
7	PROFESSIONAL TEAM FEES	₹ 22,000.00
8	RADIOLOGY	₹ 1,120.00
Gross Amount		₹ 42,052.00
Net Payable		₹ 42,052.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 12,052.00

Received Amount in Words : Forty-Two Thousand Fifty-Two Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/19/2024	MMH/MH/RECH202403186	CARD	Advance Amount	30,000.00
2	8/19/2024	MMH/MH/REDH202418126	CARD	Collected Amount	12,052.00