

IN PATIENT SUMMARY BILL

UHID : MHP202401089

IP No : IP2024001903

Patient name : Mrs.RAMZAN BEEVI

Age : 50 Y 10 M 21 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401846

Bill Date : 28/08/2024

DOA : 26/8/2024 2:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 450.00
5	LABORATORY	₹ 15,300.00
6	NURSING CHARGE	₹ 1,600.00
7	PROFESSIONAL TEAM FEES	₹ 14,500.00
8	RADIOLOGY	₹ 1,000.00
Gross Amount		₹ 44,600.00
Net Payable		₹ 44,600.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 34,600.00

Received Amount in Words : Forty-Four Thousand Six Hundred Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/28/2024	MMH/MH/REDH202418841	CHEQUE	Collected Amount	2,582.00
2	8/26/2024	MMH/MH/RECH202403290	UPI	Advance Amount	10,000.00
3	8/28/2024	MMH/MH/REDH202418842	UPI	Collected Amount	32,018.00