

IN PATIENT SUMMARY BILL

UHID : MMH202480930

IP No : IP2024001926

Patient name : Mrs.GOMATHI G

Age : 53 Y 4 M 5 D/Female

Consultant Name : Dr.SUBRAMANIAM.S

Bill No : MMH/MH/IP202401866

Bill Date : 30/08/2024

DOA : 29/8/2024 12:17PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 2,858.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 11,850.00
8	PROFESSIONAL TEAM FEES	₹ 45,500.00
9	RADIOLOGY	₹ 788.00
Gross Amount		₹ 64,496.00
Net Payable		₹ 64,496.00
Advance Amount		₹ 60,000.00
Received Amount		₹ 4,496.00

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

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/29/2024	MMH/MH/RECH202403333	CARD	Advance Amount	60,000.00
2	8/30/2024	MMH/MH/REDH202419014	CASH	Collected Amount	4,496.00