

IN PATIENT SUMMARY BILL

UHID : MHP202401118

IP No : IP2024001965

Patient name : Mrs.LAKSHMI C

Age : 55 Y 0 M 20 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401915

Bill Date : 06/09/2024

DOA : 3/9/2024 11:43AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,525.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 300.00
6	LABORATORY	₹ 17,639.00
7	NURSING CHARGE	₹ 2,800.00
8	PROFESSIONAL TEAM FEES	₹ 23,000.00
9	RADIOLOGY	₹ 5,500.00
Gross Amount		₹ 67,339.00
Net Payable		₹ 67,339.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 57,339.00

Received Amount in Words : Sixty-Seven Thousand Three Hundred Thirty-Nine Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/6/2024	MMH/MH/REDH202419595	CHEQUE	Collected Amount	1,698.00
2	9/3/2024	MMH/MH/RECH202403403	CARD	Advance Amount	10,000.00
3	9/6/2024	MMH/MH/REDH202419596	CARD	Collected Amount	55,641.00