

IN PATIENT SUMMARY BILL

UHID : MMH202481111

IP No : IP2024001969

Patient name : Ms.ASHIRTHA R

Age : 22 Y 8 M 24 D/Female

Consultant Name : Dr.LAKSHAN RAJ

Bill No : MMH/MH/IP202401904

Bill Date : 05/09/2024

DOA : 3/9/2024 9:19PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 715.00
5	NURSING CHARGE	₹ 1,600.00
6	PROFESSIONAL TEAM FEES	₹ 4,000.00
7	RADIOLOGY	₹ 950.00
Gross Amount		₹ 14,615.00
Net Payable		₹ 14,615.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 4,615.00

Received Amount in Words : Fourteen Thousand Six Hundred Fifteen Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/5/2024	MMH/MH/REDH202419502	CHEQUE	Collected Amount	1,072.00
2	9/3/2024	MMH/MH/RECH202403414	CARD	Advance Amount	10,000.00
3	9/5/2024	MMH/MH/REDH202419503	CARD	Collected Amount	3,543.00