

IN PATIENT SUMMARY BILL

UHID : MMH202481120

IP No : IP2024001971

Patient name : Mrs.SATHYA R

Age : 39 Y 2 M 30 D/Female

Consultant Name : Dr.SANDHYA VASAN

Bill No : MMH/MH/IP202401909

Bill Date : 06/09/2024

DOA : 3/9/2024 9:48PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 13,000.00
6	GENERAL PROCEEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 2,088.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 18,000.00
11	PROFESSIONAL TEAM FEES	₹ 85,000.00
12	RADIOLOGY	₹ 600.00
Gross Amount		₹ 140,738.00
Net Payable		₹ 140,738.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 110,738.00

Received Amount in Words : One Lakh Forty Thousand Seven Hundred Thirty-Eight Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/6/2024	MMH/MH/REDH202419557	CHEQUE	Collected Amount	1,911.00
2	9/3/2024	MMH/MH/RECH202403417	UPI	Advance Amount	450.00
3	9/6/2024	MMH/MH/REDH202419558	UPI	Collected Amount	70,000.00
4	9/6/2024	MMH/MH/REDH202419559	CARD	Collected Amount	38,827.00
5	9/3/2024	MMH/MH/RECH202403416	CASH	Advance Amount	29,550.00