

IN PATIENT SUMMARY BILL

UHID : MMH202481150

IP No : IP2024001995

Patient name : Mrs.KAVITHA S

Age : 36 Y 4 M 7 D/Female

Consultant Name : Dr.DURAI RAVI

Bill No : MMH/MH/IP202401939

Bill Date : 11/09/2024

DOA : 9/9/2024 10:07AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	GENERAL PROCEEDURE	₹ 1,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 1,782.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 18,700.00
10	PROFESSIONAL TEAM FEES	₹ 47,500.00
Gross Amount		₹ 81,282.00
Net Payable		₹ 81,282.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 61,282.00

Received Amount in Words : Eighty-One Thousand Two Hundred Eighty-Two Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/11/2024	MMH/MH/REDH202419952	CARD	Collected Amount	61,282.00
2	9/9/2024	MMH/MH/RECH202403483	CASH	Advance Amount	20,000.00