

IN PATIENT SUMMARY BILL

UHID : MMH202481165

IP No : IP2024001984

Patient name : Mrs.MAHALAKSHMI

Age : 27 Y 8 M 25 D/Female

Consultant Name : Dr.VIGNESH .M

Bill No : MMH/MH/IP202401917

Bill Date : 06/09/2024

DOA : 5/9/2024 2:31PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,775.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	LABORATORY	₹ 2,448.00
5	NURSING CHARGE	₹ 1,200.00
6	PROFESSIONAL TEAM FEES	₹ 3,000.00
Gross Amount		₹ 13,898.00
Net Payable		₹ 13,898.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 3,898.00

Received Amount in Words : Thirteen Thousand Eight Hundred Ninety-Eight Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/5/2024	MMH/MH/RECH202403438	UPI	Advance Amount	10,000.00
2	9/6/2024	MMH/MH/REDH202419605	CASH	Collected Amount	3,898.00