IN PATIENT SUMMARY BILL

UHID : MMH202481448 Bill No : MMH/MH/IP202402034

: IP2024002081 : 22/09/2024 IP No Bill Date

Patient name : Mrs.SATHYA S : 19/9/2024 11:27AM DOA

: 40 Y 2 M 24 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.VIJAYAN.J

Description			Amount
ADMINISTRATION CHARGES		₹	350.00
BED CHARGES		₹	14,850.00
DIET CHARGES		₹	2,000.00
DUTY MEDICAL OFFICER CHARGE		₹	2,250.00
EQUIPMENT		₹	17,500.00
INJECTION CHARGES		₹	200.00
LABORATORY		₹	11,004.00
NURSING CHARGE		₹	2,400.00
OPERATION THEATRE CHARGES		₹	9,650.00
PROCEDURE CHARGES		₹	1,000.00
PROFESSIONAL TEAM FEES		₹	62,500.00
RADIOLOGY		₹	2,950.00
	Gross Amount	₹	126,654.00
	Net Payable	₹	126,654.00

Advance Amount ₹ 100,000.00 **Received Amount** ₹ 26,654.00

Received Amount in Words : One Lakh Twenty-Six Thousand Six Hundred Fifty-Four **SUDHA**

Only **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/19/2024	MMH/MH/RECH202403649	CARD	Advance Amount	30,000.00
2	9/21/2024	MMH/MH/RECH202403695	CARD	Advance Amount	70,000.00
3	9/22/2024	MMH/MH/REDH202420858	CARD	Collected Amount	26,654.00