

IN PATIENT SUMMARY BILL

UHID : MMH202481854

IP No : IP2024002145

Patient name : Mrs.USHA S

Age : 60 Y 6 M 20 D/Female

Consultant Name : Dr.VIJAY ALAGAPPAN S

Bill No : MMH/MH/IP202402069

Bill Date : 26/09/2024

DOA : 25/9/2024 8:45PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 5,760.00
6	NURSING CHARGE	₹ 800.00
7	PROFESSIONAL TEAM FEES	₹ 3,000.00
8	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 19,110.00
Net Payable		₹ 19,110.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 9,110.00

Received Amount in Words : Nineteen Thousand One Hundred Ten Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/25/2024	MMH/MH/RECH202403756	CARD	Advance Amount	10,000.00
2	9/26/2024	MMH/MH/REDH202421223	CARD	Collected Amount	9,110.00