

IN PATIENT SUMMARY BILL

UHID : MMH202482154

IP No : IP2024002175

Patient name : Mrs.MEENAKSHI.J

Age : 45 Y 8 M 9 D/Female

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202402097

Bill Date : 30/09/2024

DOA : 29/9/2024 11:05AM

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	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 4,464.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 3,750.00
9	PROCEDURE CHARGES	₹ 500.00
10	PROFESSIONAL TEAM FEES	₹ 31,000.00
11	RADIOLOGY	₹ 400.00
Gross Amount		₹ 47,664.00
Net Payable		₹ 47,664.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 37,664.00

Received Amount in Words : Forty-Seven Thousand Six Hundred Sixty-Four Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/29/2024	MMH/MH/RECH202403818	CARD	Advance Amount	10,000.00
2	9/30/2024	MMH/MH/REDH202421491	CARD	Collected Amount	37,664.00