

IN PATIENT SUMMARY BILL

UHID : MMH202482262

IP No : IP2024002196

Patient name : Mrs.FATHIMA Z

Age : 54 Y 0 M 28 D/Female

Consultant Name : Dr.GOWRI SHANKAR.M

Bill No : MMH/MH/IP202402121

Bill Date : 03/10/2024

DOA : 2/10/2024 1:39PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 3,500.00
5	INJECTION CHARGES	₹ 200.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 14,800.00
8	PROCEDURE CHARGES	₹ 500.00
9	PROFESSIONAL TEAM FEES	₹ 46,900.00
Gross Amount		₹ 72,750.00
Net Payable		₹ 72,750.00
Advance Amount		₹ 45,000.00
Received Amount		₹ 27,750.00

Received Amount in Words : Seventy-Two Thousand Seven Hundred Fifty Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/2/2024	MMH/MH/RECH202403871	CARD	Advance Amount	30,000.00
2	10/2/2024	MMH/MH/RECH202403873	CARD	Advance Amount	15,000.00
3	10/3/2024	MMH/MH/REDH202421718	CARD	Collected Amount	27,750.00