

IN PATIENT SUMMARY BILL

UHID : MMH202482281

IP No : IP2024002206

Patient name : Mrs. AHILA A

Age : 55 Y 9 M 19 D/Female

Consultant Name : Dr.IRFANA.S

Bill No : MMH/MH/IP202402132

Bill Date : 04/10/2024

DOA : 4/10/2024 4:32AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	EQUIPMENT	₹ 3,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 1,944.00
7	NURSING CHARGE	₹ 400.00
8	OPERATION THEATRE CHARGES	₹ 4,850.00
9	PROFESSIONAL TEAM FEES	₹ 3,000.00
Gross Amount		₹ 16,219.00
Net Payable		₹ 16,219.00
Received Amount		₹ 16,219.00

Received Amount in Words : Sixteen Thousand Two Hundred Nineteen Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/4/2024	MMH/MH/REDH202421834	CARD	Collected Amount	16,219.00