

IN PATIENT SUMMARY BILL

UHID : MMH202482322

IP No : IP2024002216

Patient name : Mrs.REVATHY S

Age : 29 Y 0 M 1 D/Female

Consultant Name : Dr.LAKSHAN RAJ

Bill No : MMH/MH/IP202402175

Bill Date : 10/10/2024

DOA : 5/10/2024 10:38AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,000.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	LABORATORY	₹ 7,476.00
6	NURSING CHARGE	₹ 4,000.00
7	PROFESSIONAL TEAM FEES	₹ 7,500.00
Gross Amount		₹ 47,076.00
Net Payable		₹ 47,076.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 37,076.00

Received Amount in Words : Forty-Seven Thousand Seventy-Six Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/5/2024	MMH/MH/RECH202403908	CARD	Advance Amount	10,000.00
2	10/10/2024	MMH/MH/REDH202422320	CARD	Collected Amount	37,076.00