

IN PATIENT SUMMARY BILL

UHID : MH07621 Bill No : MMH/MH/IP202401508
IP No : IP2024001499 Bill Date : 15/07/2024
Patient name : Mrs.POONGODI.M DOA : 5/7/2024 12:12PM
Age : 56 Y 2 M 7 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 1,500.00
6	LABORATORY	₹ 16,301.00
7	NURSING CHARGE	₹ 2,400.00
8	PROFESSIONAL TEAM FEES	₹ 10,500.00
9	RADIOLOGY	₹ 4,720.00
	Gross Amount	₹ 54,871.00
	Net Payable	₹ 54,871.00
	Advance Amount	₹ 55,000.00
	Received Amount	₹ 0.00
	Refund Amount	₹ 129.00

Received Amount in Words : Fifty-Five Thousand Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/5/2024	MMH/MH/RECH202402513	CASH	Advance Amount	20,000.00
2	7/7/2024	MMH/MH/RECH202402662	UPI	Advance Amount	20,000.00
3	7/8/2024	MMH/MH/RECH202402663	UPI	Advance Amount	15,000.00