

IN PATIENT SUMMARY BILL

UHID : MH07621

IP No : IP2024001499

Patient name : Mrs.POONGODI.M

Age : 56 Y 2 M 7 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401508

Bill Date : 15/07/2024

DOA : 5/7/2024 12:12PM

DOD :

Entity Type : CASH

Entity Name : CASH

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