

IN PATIENT SUMMARY BILL

UHID : MH07831

IP No : IP2024002007

Patient name : Mrs.KUMARI LINGESWARAN

Age : 69 Y 4 M 28 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401949

Bill Date : 12/09/2024

DOA : 10/9/2024 10:54AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,375.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	GENERAL PROCEEDURE	₹ 8,000.00
6	LABORATORY	₹ 23,117.00
7	NURSING CHARGE	₹ 2,000.00
8	PROFESSIONAL TEAM FEES	₹ 17,500.00
9	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 68,217.00
Net Payable		₹ 68,217.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 48,217.00

Received Amount in Words : Sixty-Eight Thousand Two Hundred Seventeen Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/12/2024	MMH/MH/REDH202420035	CHEQUE	Collected Amount	718.00
2	9/10/2024	MMH/MH/RECH202403500	CARD	Advance Amount	20,000.00
3	9/12/2024	MMH/MH/REDH202420036	CARD	Collected Amount	47,499.00