

IN PATIENT SUMMARY BILL

UHID : MH07831

IP No : IP2024002288

Patient name : Mrs.KUMARI LINGESWARAN

Age : 69 Y 6 M 1 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402229

Bill Date : 16/10/2024

DOA : 15/10/2024 11:57AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,250.00
3	DIET CHARGES	₹ 1,000.00
4	EQUIPMENT	₹ 2,000.00
5	INTENSIVIST CHARGES	₹ 4,500.00
6	LABORATORY	₹ 6,163.00
7	NURSING CHARGE	₹ 3,000.00
8	PROFESSIONAL TEAM FEES	₹ 5,000.00
9	RADIOLOGY	₹ 1,000.00
Gross Amount		₹ 34,263.00
Net Payable		₹ 34,263.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 14,263.00

Received Amount in Words : Thirty-Four Thousand Two Hundred Sixty-Three Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/16/2024	MMH/MH/REDH202422691	CHEQUE	Collected Amount	4,505.00
2	10/15/2024	MMH/MH/RECH202404043	CARD	Advance Amount	20,000.00
3	10/16/2024	MMH/MH/REDH202422692	CARD	Collected Amount	9,758.00