

IN PATIENT SUMMARY BILL

UHID : MH12220

IP No : IP2024000491

Patient name : Mrs.JAYALAKSHMI

Age : 80 Y 0 M 1 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400496

Bill Date : 05/03/2024

DOA : 4/3/2024 11:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,650.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	LABORATORY	₹ 6,498.00
5	NURSING CHARGE	₹ 1,200.00
6	PROFESSIONAL TEAM FEES	₹ 3,000.00
7	RADIOLOGY	₹ 2,000.00
8	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 17,823.00
Net Payable		₹ 17,823.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 12,823.00

Received Amount in Words : Seventeen Thousand Eight Hundred
Twenty-Three Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/03/2024	MMH/MH/RECH20240080	CASH	Advance Amount	5,000.00
2	05/03/2024	MMH/MH/REDH20240491	CASH	Collected Amount	12,823.00