

IN PATIENT SUMMARY BILL

UHID : MH14245

IP No : IP2024001634

Patient name : Mrs.SHANTHI.S

Age : 63 Y 7 M 28 D/Female

Bill No : MMH/MH/IP202401607

Bill Date : 26/07/2024

DOA : 20/7/2024 12:56PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 7,150.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 4,875.00 |
| 4 | GENERAL PROCEDURE | ₹ 4,250.00 |
| 5 | INJECTION CHARGES | ₹ 200.00 |
| 6 | LABORATORY | ₹ 15,879.00 |
| 7 | NURSING CHARGE | ₹ 5,200.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 4,750.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 18,000.00 |
| 10 | RADIOLOGY | ₹ 8,400.00 |
| Gross Amount | | ₹ 69,054.00 |
| Net Payable | | ₹ 69,054.00 |
| Advance Amount | | ₹ 55,000.00 |
| Received Amount | | ₹ 14,054.00 |

Received Amount in Words : Sixty-Nine Thousand Fifty-Four Only

SUDHA.M
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 7/20/2024 | MMH/MH/RECH202402757 | CASH | Advance Amount | 10,000.00 |
| 2 | 7/23/2024 | MMH/MH/RECH202402797 | CASH | Advance Amount | 15,000.00 |
| 3 | 7/24/2024 | MMH/MH/RECH202402821 | CARD | Advance Amount | 30,000.00 |
| 4 | 7/26/2024 | MMH/MH/REDH202416380 | CHEQUE | Collected Amount | 2,543.00 |
| 5 | 7/26/2024 | MMH/MH/REDH202416381 | CARD | Collected Amount | 11,511.00 |