

IN PATIENT SUMMARY BILL

UHID : MH19027

IP No : IP2024001365

Patient name : Mrs.JAYANTHI CHANDRASEKHARAN

Age : 62 Y 0 M 12 D/Female

Bill No : MMH/MH/IP202401332

Bill Date : 22/06/2024

DOA : 18/6/2024 9:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 900.00
6	GENERAL PROCEDURE	₹ 2,000.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 1,584.00
9	NURSING CHARGE	₹ 3,200.00
10	OPERATION THEATRE CHARGES	₹ 9,500.00
11	PROFESSIONAL TEAM FEES	₹ 27,000.00
Gross Amount		₹ 67,034.00
Net Payable		₹ 67,034.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 27,034.00

Received Amount in Words : Sixty-Seven Thousand Thirty-Four Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/18/2024	MMH/MH/RECH202402244	CASH	Advance Amount	10,000.00
2	6/20/2024	MMH/MH/RECH202402271	CARD	Advance Amount	30,000.00
3	6/22/2024	MMH/MH/REDH202413419	CARD	Collected Amount	24,203.00
4	6/22/2024	MMH/MH/REDH202413420	CHEQUE	Collected Amount	2,831.00