

IN PATIENT SUMMARY BILL

UHID : MH29440 Bill No : MMH/MH/IP202400587
 IP No : IP2024000609 Bill Date : 18/03/2024
 Patient name : Mrs.KARTHIYAYINI S DOA : 12/3/2024 8:28PM
 Age : 61 Y 9 M 5 D/Female DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 29,700.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 6,600.00
6	GENERAL PROCEDURE	₹ 2,000.00
7	LABORATORY	₹ 19,466.00
8	NURSING CHARGE	₹ 4,800.00
9	PROFESSIONAL TEAM FEES	₹ 20,000.00
10	RADIOLOGY	₹ 5,400.00
		₹ 93,316.00
		₹ 93,316.00
		₹ 45,000.00
		₹ 48,316.00

Received Amount in Words : Ninety-Three Thousand Three Hundred Sixteen
 Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/03/2024	MMH/MH/RECH2024009	CARD	Advance Amount	5,000.00
2	15/03/2024	MMH/MH/RECH2024009	CARD	Advance Amount	20,000.00
3	16/03/2024	MMH/MH/RECH2024009	AFFORDPLAN	Advance Amount	20,000.00
4	18/03/2024	MMH/MH/REDH2024059	CHEQUE	Collected Amount	1,670.00
5	18/03/2024	MMH/MH/REDH2024059	AFFORDPLAN	Collected Amount	46,646.00