

IN PATIENT SUMMARY BILL

UHID : MH37656

IP No : IP2024002114

Patient name : Mrs.THILAGAM B

Age : 64 Y 2 M 19 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202402032

Bill Date : 22/09/2024

DOA : 21/9/2024 10:43PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,750.00
3	EQUIPMENT	₹ 10,250.00
4	INTENSIVIST CHARGES	₹ 1,500.00
5	LABORATORY	₹ 15,050.00
6	NURSING CHARGE	₹ 1,000.00
7	PHARMACY CHARGE	₹ 12,816.00
8	RADIOLOGY	₹ 480.00
9	TRANSPORT	₹ 2,500.00
Gross Amount		₹ 47,696.00
Net Payable		₹ 47,696.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 42,696.00

Received Amount in Words : Forty-Seven Thousand Six Hundred Ninety-Six Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/21/2024	MMH/MH/RECH202403697	CARD	Advance Amount	5,000.00
2	9/22/2024	MMH/MH/REDH202420837	CARD	Collected Amount	42,696.00