

IN PATIENT SUMMARY BILL

UHID : MH38250

IP No : IP2024001838

Patient name : Mrs.AFROZE UNISA

Age : 44 Y 0 M 27 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401818

Bill Date : 24/08/2024

DOA : 17/8/2024 5:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 9,588.00
6	NURSING CHARGE	₹ 800.00
7	PROFESSIONAL TEAM FEES	₹ 4,000.00
8	RADIOLOGY	₹ 8,400.00
Gross Amount		₹ 28,238.00
Net Payable		₹ 28,238.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 18,238.00

Received Amount in Words : Twenty-Eight Thousand Two Hundred Thirty-Eight Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/24/2024	MMH/MH/REDH202418510	CHEQUE	Collected Amount	1,034.00
2	8/17/2024	MMH/MH/RECH202403167	CARD	Advance Amount	10,000.00
3	8/24/2024	MMH/MH/REDH202418511	CARD	Collected Amount	17,204.00