IN PATIENT SUMMARY BILL

UHID : MH40936 Bill No : MMH/MH/IP202401914

 IP No
 : IP2024001968
 Bill Date
 : 06/09/2024

 Patient name
 : Mr.SANKARA SUBRAMANIAN
 DOA
 : 3/9/2024 7:58PM

Age : 52 Y 8 M 8 D/Male DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

| S.No | Description | 1 | | | | Amount |
|-------|-------------|---|-----------|-----------------|---|------------|
| 1 | ADMINIST | ₹ | 350.00 | | | |
| 2 | BED CHAR | ₹ | 25,950.00 | | | |
| 3 | DIET CHAI | ₹ | 3,050.00 | | | |
| 4 | DUTY MEI | ₹ | 2,250.00 | | | |
| 5 | LABORATORY | | | | | 53,879.00 |
| 6 | NURSING | ₹ | 2,400.00 | | | |
| 7 | PROFESSIO | ₹ | 11,500.00 | | | |
| 8 | RADIOLOG | ₹ | 5,050.00 | | | |
| Tax A | Amount | : | 1,050.00 | Gross Amount | ₹ | 105,479.00 |
| | | | | Net Payable | ₹ | 105,479.00 |
| | | | | Advance Amount | ₹ | 20,000.00 |
| | | | | Received Amount | ₹ | 85,479.00 |

Received Amount in Words : One Lakh Five Thousand Four Hundred Seventy-Nine SUDHA
Only Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 9/6/2024 | MMH/MH/REDH202419591 | CHEQUE | Collected Amount | 3,802.00 |
| 2 | 9/3/2024 | MMH/MH/RECH202403412 | UPI | Advance Amount | 20,000.00 |
| 3 | 9/6/2024 | MMH/MH/REDH202419592 | CARD | Collected Amount | 81,677.00 |