

IN PATIENT SUMMARY BILL

UHID : MH47314

IP No : IP2024001264

Patient name : Mrs.NAMAGIRI LAKSHMI V

Age : 80 Y 0 M 7 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401296

Bill Date : 19/06/2024

DOA : 4/6/2024 2:49PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
4	EQUIPMENT	₹ 1,800.00
5	LABORATORY	₹ 23,401.00
6	NURSING CHARGE	₹ 3,200.00
7	PHARMACY CHARGE	₹ 6,471.00
8	PROFESSIONAL TEAM FEES	₹ 12,500.00
9	RADIOLOGY	₹ 17,950.00
Gross Amount		₹ 79,672.00
Net Payable		₹ 79,672.00
Advance Amount		₹ 88,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 8,328.00

Received Amount in Words : Eighty-Eight Thousand Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/4/2024	MMH/MH/RECH202402063	CARD	Advance Amount	3,000.00
2	6/8/2024	MMH/MH/RECH202402135	CARD	Advance Amount	40,000.00
3	6/8/2024	MMH/MH/RECH202402136	CARD	Advance Amount	45,000.00