

IN PATIENT SUMMARY BILL

UHID : MH47314

IP No : IP2024002198

Patient name : Mrs.NAMAGIRI LAKSHMI V

Age : 80 Y 3 M 26 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402162

Bill Date : 08/10/2024

DOA : 2/10/2024 7:04PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
4	LABORATORY	₹ 46,817.00
5	NURSING CHARGE	₹ 4,800.00
6	PROFESSIONAL TEAM FEES	₹ 17,000.00
7	RADIOLOGY	₹ 11,900.00
8	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 109,467.00
Net Payable		₹ 109,467.00
Advance Amount		₹ 90,000.00
Received Amount		₹ 19,467.00

Received Amount in Words : One Lakh Nine Thousand Four Hundred Sixty-Seven Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/8/2024	MMH/MH/REDH202422149	CHEQUE	Collected Amount	2,034.00
2	10/2/2024	MMH/MH/RECH202403876	CARD	Advance Amount	5,000.00
3	10/6/2024	MMH/MH/RECH202403930	CARD	Advance Amount	45,000.00
4	10/8/2024	MMH/MH/RECH202403951	CARD	Advance Amount	40,000.00
5	10/8/2024	MMH/MH/REDH202422150	CARD	Collected Amount	17,433.00