

IN PATIENT SUMMARY BILL

UHID : MH48720

IP No : IP2024001659

Patient name : Ms.PRIYAVADHANA R

Age : 21 Y 11 M 16 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401621

Bill Date : 27/07/2024

DOA : 24/7/2024 12:08PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	EQUIPMENT	₹ 4,500.00
5	LABORATORY	₹ 7,008.00
6	NURSING CHARGE	₹ 2,400.00
7	PROFESSIONAL TEAM FEES	₹ 12,000.00
8	RADIOLOGY	₹ 7,600.00
Gross Amount		₹ 48,708.00
Net Payable		₹ 48,708.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 45,708.00

Received Amount in Words : Forty-Eight Thousand Seven Hundred Eight Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/24/2024	MMH/MH/RECH202402812	CARD	Advance Amount	3,000.00
2	7/27/2024	MMH/MH/REDH202416447	CARD	Collected Amount	45,708.00