

IN PATIENT SUMMARY BILL

UHID : MH48986

IP No : IP2024000782

Patient name : Mrs.MEENAKSHI

Age : 74 Y 0 M 16 D/Female

Bill No : MMH/MH/IP202400745

Bill Date : 06/04/2024

DOA : 3/4/2024 8:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2               | BED CHARGES                 | ₹ 14,850.00 |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 2,250.00  |
| 4               | LABORATORY                  | ₹ 2,762.00  |
| 5               | NURSING CHARGE              | ₹ 2,400.00  |
| 6               | RADIOLOGY                   | ₹ 9,000.00  |
| Gross Amount    |                             | ₹ 31,612.00 |
| Discount Amount |                             | ₹ 4,742.00  |
| Net Payable     |                             | ₹ 26,870.00 |
| Advance Amount  |                             | ₹ 26,870.00 |
| Received Amount |                             | ₹ 0.00      |

Received Amount in Words : Twenty-Six Thousand Eight Hundred Seventy Only

SRINIVASAN  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1    | 06/04/2024   | MMH/MH/RECH2024012 | CHEQUE       | Advance Amount | 1,135.00        |
| 2    | 06/04/2024   | MMH/MH/RECH2024012 | CARD         | Advance Amount | 25,735.00       |