

IN PATIENT SUMMARY BILL

UHID : MHI202378011
IP No : IP2023002635
Patient name : Mrs.PRADEEPA D
Age : 35 Y 2 M 8 D/Female

Bill No : MMH/MH/IP00064
Bill Date : 03/12/2023
DOA : 2/12/2023 7:28AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 3,522.00
5	NURSING CHARGE	₹ 750.00
6	PROFESSIONAL FEES	₹ 3,000.00
7	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 13,072.00
Net Payable		₹ 13,072.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 8,072.00

Received Amount in Words : Thirteen Thousand Seventy-Two Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-02 07:44:44.810	MMH/MH/RECH00159	UPI	Advance Amount	5,000.00
2	2023-12-03 12:47:01.880	MMH/MH/REDH00794	CHEQUE	Collected Amount	1,096.00
3	2023-12-03 12:47:01.950	MMH/MH/REDH00795	UPI	Collected Amount	6,976.00