IN PATIENT SUMMARY BILL

UHID : MHI202379139 Bill No : MMH/MH/IP202400430

IP No : IP2024000437 Bill Date : 26/02/2024

Patient name Mr.RATHNA SABAPATHY DOA : 25/2/2024 11:45PM

Age : 82/Male DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

| S.No | Description | | | Amount |
|------|-----------------------------|--------------|---|-----------|
| 1 | ADMINISTRATION CHARGES | | ₹ | 350.00 |
| 2 | BED CHARGES | | ₹ | 3,850.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | | ₹ | 750.00 |
| 4 | EQUIPMENT | | ₹ | 3,000.00 |
| 5 | LABORATORY | | ₹ | 23,321.00 |
| 6 | NURSING CHARGE | | ₹ | 800.00 |
| 7 | PROFESSIONAL FEES | | ₹ | 1,500.00 |
| 8 | RADIOLOGY | | ₹ | 400.00 |
| 9 | ULTRASOUND | | ₹ | 2,000.00 |
| | | Gross Amount | ₹ | 35,971.00 |
| | | | | |

 Gross Amount
 ₹
 35,971.00

 Net Payable
 ₹
 35,971.00

 Advance Amount
 ₹
 10,000.00

Received Amount ₹ 25,971.00

Received Amount in Words : Thirty-Five Thousand Nine Hundred DINESH

Seventy-One Only Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 25/02/2024 | MMH/MH/RECH2024007(| CARD | Advance Amount | 10,000.00 |
| 2 | 26/02/2024 | MMH/MH/REDH2024042 | CHEQUE | Collected Amount | 1,924.00 |
| 3 | 26/02/2024 | MMH/MH/REDH2024042 | CARD | Collected Amount | 24,047.00 |