

IN PATIENT SUMMARY BILL

UHID : MMH202370396 Bill No : MMH/MH/IP202401232
IP No : IP2024001288 Bill Date : 09/06/2024
Patient name : Mrs.MANGALESHWARI RAMANATHAN DOA : 7/6/2024 6:18PM
Age : 66 Y 5 M 20 D/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 600.00
6	LABORATORY	₹ 14,529.00
7	NURSING CHARGE	₹ 1,600.00
8	PROFESSIONAL TEAM FEES	₹ 5,500.00
9	RADIOLOGY	₹ 4,400.00
Gross Amount		₹ 36,679.00
Net Payable		₹ 36,679.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 26,679.00

Received Amount in Words : Thirty-Six Thousand Six Hundred Seventy-Nine Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MH/RECH202402118	UPI	Advance Amount	10,000.00
2	6/9/2024	MMH/MH/REDH202412359	UPI	Collected Amount	26,679.00