

IN PATIENT SUMMARY BILL

UHID : MMH202370397

IP No : IP2024001135

Patient name : Mrs.VIJAYA LAKSHMI K

Age : 60 Y 11 M 26 D/Female

Bill No : MMH/MH/IP202401081

Bill Date : 20/05/2024

DOA : 19/5/2024 11:40PM

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 | DIET CHARGES | ₹ 500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 750.00 |
| 5 | LABORATORY | ₹ 17,772.00 |
| 6 | NURSING CHARGE | ₹ 800.00 |
| 7 | PROFESSIONAL FEES | ₹ 2,000.00 |
| 8 | RADIOLOGY | ₹ 5,400.00 |
| Gross Amount | | ₹ 31,422.00 |
| Net Payable | | ₹ 31,422.00 |
| Advance Amount | | ₹ 10,000.00 |
| Received Amount | | ₹ 21,422.00 |

Received Amount in Words : Thirty-One Thousand Four Hundred
Twenty-Two Only

KARTHICK.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1 | 19/05/2024 | MMH/MH/RECH2024018 | CASH | Advance Amount | 10,000.00 |
| 2 | 20/05/2024 | MMH/MH/REDH2024106 | UPI | Collected Amount | 21,422.00 |