

IN PATIENT SUMMARY BILL

UHID : MMH202370503

IP No : IP2024001515

Patient name : Mrs.KOMALA SINGAM

Age : 76 Y 1 M 14 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401525

Bill Date : 17/07/2024

DOA : 7/7/2024 1:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,675.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
5	EQUIPMENT	₹ 6,000.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INTENSIVIST CHARGES	₹ 1,500.00
8	LABORATORY	₹ 19,290.00
9	NURSING CHARGE	₹ 1,400.00
10	PROFESSIONAL TEAM FEES	₹ 1,200.00
11	RADIOLOGY	₹ 6,525.00
Gross Amount		₹ 43,815.00
Net Payable		₹ 43,815.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 3,815.00

Received Amount in Words : Forty-Three Thousand Eight Hundred Fifteen Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/7/2024	MMH/MH/RECH202402704	NEFT	Advance Amount	30,000.00
2	7/7/2024	MMH/MH/RECH202402705	CARD	Advance Amount	10,000.00
3	7/7/2024	MMH/MH/REDH202415596	CHEQUE	Collected Amount	3,815.00