

IN PATIENT SUMMARY BILL

UHID : MMH202370764

IP No : IP2024001754

Patient name : Mrs.RAJESWARI T

Age : 63 Y 0 M 16 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401693

Bill Date : 06/08/2024

DOA : 5/8/2024 2:24PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	LABORATORY	₹ 3,636.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 5,000.00
8	PROFESSIONAL TEAM FEES	₹ 11,000.00
Gross Amount		₹ 30,186.00
Net Payable		₹ 30,186.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 186.00

Received Amount in Words : Thirty Thousand One Hundred Eighty-Six Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/5/2024	MMH/MH/RECH202403005	CARD	Advance Amount	10,000.00
2	8/5/2024	MMH/MH/RECH202403009	CARD	Advance Amount	20,000.00
3	8/6/2024	MMH/MH/REDH202417169	CASH	Collected Amount	186.00