

IN PATIENT SUMMARY BILL

UHID : MMH202370764

IP No : IP2024001978

Patient name : Mrs.RAJESWARI T

Age : 58 Y 1 M 15 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401903

Bill Date : 05/09/2024

DOA : 4/9/2024 1:14PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 144.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 7,000.00
Gross Amount		₹ 13,244.00
Net Payable		₹ 13,244.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 8,244.00

Received Amount in Words : Thirteen Thousand Two Hundred Forty-Four Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/4/2024	MMH/MH/RECH202403420	CARD	Advance Amount	5,000.00
2	9/5/2024	MMH/MH/REDH202419500	CARD	Collected Amount	8,244.00