

IN PATIENT SUMMARY BILL

UHID : MMH202370764

IP No : IP2024000833

Patient name : Mrs.RAJESWARI T

Age : 62 Y 8 M 21 D/Female

Bill No : MMH/MH/IP202400787

Bill Date : 11/04/2024

DOA : 9/4/2024 11:38AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 900.00
6	LABORATORY	₹ 28,418.00
7	NURSING CHARGE	₹ 2,000.00
8	PROFESSIONAL TEAM FEES	₹ 5,000.00
9	RADIOLOGY	₹ 4,400.00
Gross Amount		₹ 51,818.00
Net Payable		₹ 51,818.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 11,818.00

Received Amount in Words : Fifty-One Thousand Eight Hundred Eighteen Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	5,000.00
2	10/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	35,000.00
3	11/04/2024	MMH/MH/REDH2024077	CHEQUE	Collected Amount	3,224.00
4	11/04/2024	MMH/MH/REDH2024077	CARD	Collected Amount	8,594.00