

IN PATIENT SUMMARY BILL

UHID : MMH202371000
IP No : IP2023002713
Patient name : Ms.SHAZIAH A
Age : 17 Y 11 M 11 D/Female

Bill No : MMH/MH/IP00134
Bill Date : 13/12/2023
DOA : 13/12/2023 8:36AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
5	LABORATORY	₹ 1,740.00
6	NURSING CHARGE	₹ 750.00
7	PROFESSIONAL FEES	₹ 4,000.00
8	RADIOLOGY	₹ 4,500.00
Gross Amount		₹ 16,740.00
Net Payable		₹ 16,740.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 11,740.00

Received Amount in Words : Sixteen Thousand Seven Hundred Forty Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/12/2023	MMH/MH/RECH00304	CASH	Advance Amount	5,000.00
2	13/12/2023	MMH/MH/REDH01497	CARD	Collected Amount	11,740.00