

IN PATIENT SUMMARY BILL

UHID : MHI202380905

IP No : IP2024000812

Patient name : Mrs.KALAVATHI.S

Age : 62 Y 6 M 20 D/Female

Bill No : MMH/MH/IP202400786

Bill Date : 11/04/2024

DOA : 6/4/2024 8:09PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
4	GENERAL PROCEDURE	₹ 900.00
5	LABORATORY	₹ 17,690.00
6	NURSING CHARGE	₹ 4,000.00
7	OPERATION THEATRE CHARGES	₹ 2,500.00
8	PROFESSIONAL TEAM FEES	₹ 22,000.00
9	RADIOLOGY	₹ 3,060.00
Gross Amount		₹ 68,000.00
Net Payable		₹ 68,000.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 28,000.00

Received Amount in Words : Sixty-Eight Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/04/2024	MMH/MH/RECH2024012	CASH	Advance Amount	10,000.00
2	07/04/2024	MMH/MH/RECH2024012	CASH	Advance Amount	30,000.00
3	11/04/2024	MMH/MH/REDH2024077	CHEQUE	Collected Amount	4,039.00
4	11/04/2024	MMH/MH/REDH2024077	CASH	Collected Amount	23,961.00