

IN PATIENT SUMMARY BILL

UHID : MMH202371420
IP No : IP2023002603
Patient name : Mr.KRISHNAN D
Age : 78 Y 8 M 2 D/Male

Bill No : MMH/MH/IP00069
Bill Date : 03/12/2023
DOA : 28/11/2023 9:16AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,500.00
4	EQUIPMENT	₹ 12,500.00
5	LABORATORY	₹ 21,164.00
6	NURSING CHARGE	₹ 3,750.00
7	OPERATION THEATRE CHARGES	₹ 5,000.00
8	PROFESSIONAL TEAM FEES	₹ 21,500.00
9	RADIOLOGY	₹ 10,380.00
Gross Amount		₹ 97,394.00
Net Payable		₹ 97,394.00
Advance Amount		₹ 97,394.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety-Seven Thousand Three Hundred
Ninety-Four Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-28 09:24:08.633	MMH/MH/RECH00102	CARD	Advance Amount	30,000.00
2	2023-12-01 10:59:04.220	MMH/MH/RECH00144	CASH	Advance Amount	20,000.00
3	2023-12-03 14:32:11.286	MMH/MH/RECH00179	CARD	Advance Amount	47,394.00