

IN PATIENT SUMMARY BILL

UHID : MMH202371492
IP No : IP2023002619
Patient name : Mrs.SARASA BALASUBRAMANIAN
Age : 83 Y 3 M 14 D/Female

Bill No : MMH/MH/IP00056
Bill Date : 02/12/2023
DOA : 30/11/2023 1:24PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	GENERAL PROCEDURE	₹ 500.00
5	LABORATORY	₹ 2,150.00
6	NURSING CHARGE	₹ 1,500.00
7	PROFESSIONAL TEAM FEES	₹ 6,000.00
8	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 16,100.00
Net Payable		₹ 16,100.00
Advance Amount		₹ 16,100.00
Received Amount		₹ 0.00

Received Amount in Words : Sixteen Thousand One Hundred Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-30 13:27:41.030	MMH/MH/RECH00128	CARD	Advance Amount	5,000.00
2	2023-12-02 17:19:45.340	MMH/MH/RECH00166	CHEQUE	Advance Amount	1,457.00
3	2023-12-02 17:19:45.353	MMH/MH/RECH00167	CARD	Advance Amount	9,643.00