

IN PATIENT SUMMARY BILL

UHID : MMH202371937
IP No : IP2023002780
Patient name : Mrs.GOURI ROY
Age : 40 Y 11 M 24 D/Female

Bill No : MMH/MH/IP00221
Bill Date : 25/12/2023
DOA : 22/12/2023 10:10AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,975.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,450.00
4	LABORATORY	₹ 19,833.00
5	NURSING CHARGE	₹ 2,625.00
6	OPERATION THEATRE CHARGES	₹ 2,500.00
7	PHARMACY CHARGE	₹ 10,030.00
8	PROFESSIONAL TEAM FEES	₹ 9,000.00
Gross Amount		₹ 54,763.00
Net Payable		₹ 54,763.00
Advance Amount		₹ 39,763.00
Received Amount		₹ 15,000.00

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

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/12/2023	MMH/MH/RECH00474	UPI	Advance Amount	39,763.00
2	25/12/2023	MMH/MH/REDH02363	CASH	Collected Amount	15,000.00