

IN PATIENT SUMMARY BILL

UHID : MMH202372353
IP No : IP2023002785
Patient name : Mrs.BHUVANA R
Age : 25 Y 6 M 25 D/Female

Bill No : MMH/MH/IP00215
Bill Date : 23/12/2023
DOA : 22/12/2023 2:11PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 3,344.00
5	NURSING CHARGE	₹ 750.00
6	PROFESSIONAL TEAM FEES	₹ 2,000.00
7	RADIOLOGY	₹ 400.00
Gross Amount		₹ 10,294.00
Net Payable		₹ 10,294.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 9,706.00

Received Amount in Words : Twenty Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/12/2023	MMH/MH/RECH00448	UPI	Advance Amount	20,000.00