

IN PATIENT SUMMARY BILL

UHID : MMH202372389
IP No : IP2023002790
Patient name : Mrs.MALLIKA K
Age : 66 Y 6 M 6 D/Female

Bill No : MMH/MH/IP00236
Bill Date : 27/12/2023
DOA : 23/12/2023 12:57PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.AYYAPPAN.M.K

| S.No | Description | Amount |
|------------------------|-----------------------------|--------------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 19,800.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,800.00 |
| 4 | EQUIPMENT | ₹ 19,000.00 |
| 5 | LABORATORY | ₹ 15,528.00 |
| 6 | NURSING CHARGE | ₹ 3,000.00 |
| 7 | RADIOLOGY | ₹ 600.00 |
| Gross Amount | | ₹ 61,078.00 |
| Net Payable | | ₹ 61,078.00 |
| Advance Amount | | ₹ 61,078.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Sixty-One Thousand Seventy-Eight Only

DINESH

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|------------------|--------------|----------------|-----------------|
| 1 | 23/12/2023 | MMH/MH/RECH00455 | CARD | Advance Amount | 20,000.00 |
| 2 | 27/12/2023 | MMH/MH/RECH00501 | CHEQUE | Advance Amount | 1,794.00 |
| 3 | 27/12/2023 | MMH/MH/RECH00502 | CARD | Advance Amount | 39,284.00 |