

IN PATIENT SUMMARY BILL

UHID : MMH202372497
IP No : IP2023002809
Patient name : Mrs.ANITHA S
Age : 35 Y 1 M 18 D/Female

Bill No : MMH/MH/IP00257
Bill Date : 30/12/2023
DOA : 26/12/2023 7:23PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.BALAMURUGAN.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	LABORATORY	₹ 6,385.00
5	NURSING CHARGE	₹ 3,000.00
6	PHYSIOTHERAPY	₹ 3,100.00
7	PROFESSIONAL TEAM FEES	₹ 3,000.00
8	RADIOLOGY	₹ 1,660.00
9	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 26,695.00
Net Payable		₹ 26,695.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 6,695.00

Received Amount in Words : Twenty-Six Thousand Six Hundred Ninety-Five
Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/12/2023	MMH/MH/RECH00490	CASH	Advance Amount	20,000.00
2	30/12/2023	MMH/MH/REDH02761	CHEQUE	Collected Amount	1,037.00
3	30/12/2023	MMH/MH/REDH02762	CASH	Collected Amount	5,658.00