

IN PATIENT SUMMARY BILL

UHID : MMH202372583
IP No : IP2023002822
Patient name : Mrs.CHITTIAMMAL
Age : 75 Y 0 M 3 D/Female

Bill No : MMH/MH/IP00258
Bill Date : 30/12/2023
DOA : 27/12/2023 10:54PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,500.00
3	EQUIPMENT	₹ 45,450.00
4	GENERAL PROCEDURE	₹ 3,000.00
5	INJECTION CHARGES	₹ 2,000.00
6	INTENSIVIST CHARGES	₹ 9,000.00
7	LABORATORY	₹ 33,933.00
8	NURSING CHARGE	₹ 6,000.00
9	PROFESSIONAL TEAM FEES	₹ 10,500.00
10	RADIOLOGY	₹ 7,050.00
11	TRANSPORT	₹ 1,000.00

Gross Amount ₹ **140,783.00**

Net Payable ₹ **140,783.00**

Advance Amount ₹ **50,000.00**

Received Amount ₹ **90,783.00**

Received Amount in Words : One Lakh Forty Thousand Seven Hundred
Eighty-Three Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/12/2023	MMH/MH/RECH00505	CASH	Advance Amount	50,000.00
2	30/12/2023	MMH/MH/REDH02763	CARD	Collected Amount	50,000.00
3	30/12/2023	MMH/MH/REDH02764	UPI	Collected Amount	30,783.00
4	30/12/2023	MMH/MH/REDH02765	CASH	Collected Amount	10,000.00