

IN PATIENT SUMMARY BILL

UHID : MMH202372671

IP No : IP2023002852

Patient name : Mr.DAVID JAYAPPAUL B

Age : 82 Y 10 M 0 D/Male

Bill No : MMH/MH/IP202400007

Bill Date : 02/01/2024

DOA : 30/12/2023 1:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 6,840.00
6	NURSING CHARGE	₹ 2,250.00
7	OPERATION THEATRE CHARGES	₹ 3,500.00
8	PROFESSIONAL TEAM FEES	₹ 13,000.00
9	RADIOLOGY	₹ 3,500.00
10	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 48,590.00
Net Payable		₹ 48,590.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 18,590.00

Received Amount in Words : Forty-Eight Thousand Five Hundred Ninety Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/12/2023	MMH/MH/RECH00558	CARD	Advance Amount	15,000.00
2	01/01/2024	MMH/MH/RECH20240000	CARD	Advance Amount	15,000.00
3	02/01/2024	MMH/MH/REDH20240000	CHEQUE	Collected Amount	2,794.00
4	02/01/2024	MMH/MH/REDH20240000	UPI	Collected Amount	15,796.00