

IN PATIENT SUMMARY BILL

UHID : MMH202473068

IP No : IP2024000123

Patient name : Ms.AKSHAYAA M

Age : 16 Y 0 M 2 D/Female

Bill No : MMH/MH/IP202400140

Bill Date : 19/01/2024

DOA : 18/1/2024 11:34AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,050.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	EQUIPMENT	₹ 2,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 6,577.00
8	NURSING CHARGE	₹ 2,375.00
9	PROFESSIONAL TEAM FEES	₹ 6,500.00
10	RADIOLOGY	₹ 400.00
Gross Amount		₹ 30,127.00
Net Payable		₹ 30,127.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 15,127.00

Received Amount in Words : Thirty Thousand One Hundred Twenty-Seven Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/01/2024	MMH/MH/RECH20240013	UPI	Advance Amount	15,000.00
2	19/01/2024	MMH/MH/REDH20240131	UPI	Collected Amount	15,127.00