

IN PATIENT SUMMARY BILL

UHID : MMH202473277

IP No : IP2024000192

Patient name : Mrs.SOPHIA C

Age : 48 Y 7 M 8 D/Female

Bill No : MMH/MH/IP202400194

Bill Date : 27/01/2024

DOA : 25/1/2024 5:03PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 9,653.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 6,750.00
10	PROFESSIONAL TEAM FEES	₹ 23,000.00
11	RADIOLOGY	₹ 1,555.00
Gross Amount		₹ 47,758.00
Net Payable		₹ 47,758.00
Advance Amount		₹ 35,000.00
Received Amount		₹ 12,758.00

Received Amount in Words : Forty-Seven Thousand Seven Hundred Fifty-Eight Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/01/2024	MMH/MH/RECH2024002	CARD	Advance Amount	15,000.00
2	27/01/2024	MMH/MH/RECH2024003	CASH	Advance Amount	20,000.00
3	27/01/2024	MMH/MH/REDH2024019	CHEQUE	Collected Amount	891.00
4	27/01/2024	MMH/MH/REDH2024019	CARD	Collected Amount	10,000.00
5	27/01/2024	MMH/MH/REDH2024019	CASH	Collected Amount	1,867.00