

IN PATIENT SUMMARY BILL

UHID : MMH202473359

IP No : IP2024000897

Patient name : Mrs.SUSHEELA

Age : 75 Y 2 M 29 D/Female

Bill No : MMH/MH/IP202400901

Bill Date : 26/04/2024

DOA : 18/4/2024 3:11PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 30,800.00
3	CASUALTY	₹ 1,600.00
4	DIET CHARGES	₹ 5,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 6,000.00
6	EQUIPMENT	₹ 2,400.00
7	GENERAL PROCEDURE	₹ 500.00
8	LABORATORY	₹ 24,649.00
9	NURSING CHARGE	₹ 6,400.00
10	PROFESSIONAL TEAM FEES	₹ 21,000.00
11	RADIOLOGY	₹ 30,400.00
Gross Amount		₹ 129,099.00
Net Payable		₹ 129,099.00
Advance Amount		₹ 85,000.00
Received Amount		₹ 44,099.00

Received Amount in Words : One Lakh Twenty-Nine Thousand Ninety-Nine Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	20,000.00
2	24/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	65,000.00
3	26/04/2024	MMH/MH/REDH2024088	CHEQUE	Collected Amount	3,816.00
4	26/04/2024	MMH/MH/REDH2024088	CASH	Collected Amount	40,283.00