

IN PATIENT SUMMARY BILL

UHID : MMH202473708

IP No : IP2024000324

Patient name : Ms.ARUNIMA RAMESH

Age : 20 Y 5 M 12 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400327

Bill Date : 11/02/2024

DOA : 9/2/2024 9:12PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 600.00
5	LABORATORY	₹ 19,320.00
6	NURSING CHARGE	₹ 1,600.00
7	PROFESSIONAL TEAM FEES	₹ 6,500.00
8	RADIOLOGY	₹ 4,000.00
Gross Amount		₹ 42,270.00
Net Payable		₹ 42,270.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 22,270.00

Received Amount in Words : Forty-Two Thousand Two Hundred Seventy Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/02/2024	MMH/MH/RECH2024005:	CARD	Advance Amount	20,000.00
2	11/02/2024	MMH/MH/REDH2024030:	CARD	Collected Amount	22,270.00