

IN PATIENT SUMMARY BILL

UHID : MMH202474181

IP No : IP2024000457

Patient name : Ms.DEEPA.S

Age : 26 Y 4 M 26 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400471

Bill Date : 02/03/2024

DOA : 28/2/2024 7:47PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 17,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 4,000.00
5	INTENSIVIST CHARGES	₹ 6,000.00
6	LABORATORY	₹ 10,043.00
7	NURSING CHARGE	₹ 4,800.00
8	PROFESSIONAL TEAM FEES	₹ 10,000.00
9	RADIOLOGY	₹ 8,650.00
Gross Amount		₹ 62,343.00
Net Payable		₹ 62,343.00
Advance Amount		₹ 76,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 13,657.00

Received Amount in Words : Seventy-Six Thousand Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/02/2024	MMH/MH/RECH2024007!	CARD	Advance Amount	30,000.00
2	01/03/2024	MMH/MH/RECH2024007'	CARD	Advance Amount	25,000.00
3	02/03/2024	MMH/MH/RECH2024007:	CHEQUE	Advance Amount	21,000.00