

IN PATIENT SUMMARY BILL

UHID : MMH202474422

IP No : IP2024000521

Patient name : Mrs.JAYA M

Age : 57 Y 0 M 1 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400511

Bill Date : 07/03/2024

DOA : 6/3/2024 7:52PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	EQUIPMENT	₹ 8,450.00
4	INTENSIVIST CHARGES	₹ 3,000.00
5	LABORATORY	₹ 19,107.00
6	NURSING CHARGE	₹ 2,000.00
7	PROFESSIONAL TEAM FEES	₹ 4,000.00
8	RADIOLOGY	₹ 7,900.00
Gross Amount		₹ 52,307.00
Net Payable		₹ 52,307.00
Advance Amount		₹ 62,138.00
Received Amount		₹ 0.00
Refund Amount		₹ 9,831.00

Received Amount in Words : Sixty-Two Thousand One Hundred  
Thirty-Eight Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/03/2024	MMH/MH/RECH2024008	CARD	Advance Amount	50,000.00
2	07/03/2024	MMH/MH/RECH2024008	CHEQUE	Advance Amount	12,138.00