

IN PATIENT SUMMARY BILL

UHID : MMH202474566

IP No : IP2024001363

Patient name : Mrs.SAVITHA P

Age : 55 Y 0 M 16 D/Female

Bill No : MMH/MH/IP202401319

Bill Date : 21/06/2024

DOA : 18/6/2024 1:26PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,700.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	INVESTIGATIONS	₹ 1,500.00
6	LABORATORY	₹ 12,456.00
7	NURSING CHARGE	₹ 2,800.00
8	PROFESSIONAL TEAM FEES	₹ 7,000.00
9	RADIOLOGY	₹ 42,400.00
Gross Amount		₹ 86,331.00
Net Payable		₹ 86,331.00
Advance Amount		₹ 45,000.00
Received Amount		₹ 41,331.00

Received Amount in Words : Eighty-Six Thousand Three Hundred Thirty-One Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/18/2024	MMH/MH/RECH202402239	CARD	Advance Amount	20,000.00
2	6/20/2024	MMH/MH/RECH202402269	CARD	Advance Amount	25,000.00
3	6/21/2024	MMH/MH/REDH202413341	CARD	Collected Amount	41,331.00