

IN PATIENT SUMMARY BILL

UHID : MMH202474736

IP No : IP2024000690

Patient name : Mrs.PREMA D

Age : 57 Y 0 M 2 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400644

Bill Date : 27/03/2024

DOA : 25/3/2024 12:08PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 1,200.00
5	LABORATORY	₹ 8,465.00
6	NURSING CHARGE	₹ 1,600.00
7	PROFESSIONAL TEAM FEES	₹ 7,500.00
8	RADIOLOGY	₹ 9,120.00

Gross Amount₹ 37,435.00

Net Payable₹ 37,435.00

Advance Amount₹ 25,000.00

Received Amount₹ 12,435.00

Received Amount in Words : Thirty-Seven Thousand Four Hundred
Thirty-Five Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/03/2024	MMH/MH/RECH20240101	CASH	Advance Amount	5,000.00
2	26/03/2024	MMH/MH/RECH20240101	CASH	Advance Amount	20,000.00
3	27/03/2024	MMH/MH/REDH2024065	CHEQUE	Collected Amount	1,964.00
4	27/03/2024	MMH/MH/REDH2024065	CASH	Collected Amount	10,471.00