

IN PATIENT SUMMARY BILL

UHID : MMH202475394

IP No : IP2024000749

Patient name : Mrs.THIRUPURASUNDARI R

Age : 65 Y 5 M 14 D/Female

Bill No : MMH/MH/IP202400716

Bill Date : 03/04/2024

DOA : 31/3/2024 11:03AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 2,200.00
6	LABORATORY	₹ 15,864.00
7	NURSING CHARGE	₹ 2,800.00
8	PHYSIOTHERAPY	₹ 600.00
9	PROFESSIONAL TEAM FEES	₹ 6,000.00
10	RADIOLOGY	₹ 8,400.00

Gross Amount₹ 44,189.00

Net Payable₹ 44,189.00

Advance Amount₹ 20,000.00

Received Amount₹ 24,189.00

Received Amount in Words : Forty-Four Thousand One Hundred Eighty-Nine Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/03/2024	MMH/MH/RECH20240110	CASH	Advance Amount	5,000.00
2	01/04/2024	MMH/MH/RECH20240110	UPI	Advance Amount	15,000.00
3	03/04/2024	MMH/MH/REDH20240700	CHEQUE	Collected Amount	1,829.00
4	03/04/2024	MMH/MH/REDH20240700	CASH	Collected Amount	22,360.00