

IN PATIENT SUMMARY BILL

UHID : MMH202475476

IP No : IP2024000781

Patient name : Mrs.VISALAKSHI S

Age : 73 Y 1 M 10 D/Female

Bill No : MMH/MH/IP202400744

Bill Date : 05/04/2024

DOA : 3/4/2024 7:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VENKATACHALAM VEERAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 4,052.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 17,050.00
10	PROFESSIONAL TEAM FEES	₹ 11,000.00
Gross Amount		₹ 43,202.00
Net Payable		₹ 43,202.00
Advance Amount		₹ 70,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 26,798.00

Received Amount in Words : Seventy Thousand Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	30,000.00
2	05/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	40,000.00