

IN PATIENT SUMMARY BILL

UHID : MMH202475503

IP No : IP2024000796

Patient name : Mrs.KANNAMMA

Age : 72 Y 0 M 1 D/Female

Bill No : MMH/MH/IP202400743

Bill Date : 05/04/2024

DOA : 4/4/2024 7:24PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 10,702.00
6	NURSING CHARGE	₹ 800.00
7	PROFESSIONAL FEES	₹ 1,500.00
8	RADIOLOGY	₹ 8,400.00
Gross Amount		₹ 24,602.00
Net Payable		₹ 24,602.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 14,602.00

Received Amount in Words : Twenty-Four Thousand Six Hundred Two Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	10,000.00
2	05/04/2024	MMH/MH/REDH2024072	UPI	Collected Amount	14,602.00