

IN PATIENT SUMMARY BILL

UHID : MMH202475582

IP No : IP2024000828

Patient name : Mrs.KAVERI SACHIDHANANDAM

Age : 57 Y 0 M 1 D/Female

Bill No : MMH/MH/IP202400769

Bill Date : 09/04/2024

DOA : 8/4/2024 1:07PM

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	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 6,934.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 3,500.00
7	PROFESSIONAL TEAM FEES	₹ 11,000.00
8	RADIOLOGY	₹ 925.00
Gross Amount		₹ 25,359.00
Net Payable		₹ 25,359.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 20,359.00

Received Amount in Words : Twenty-Five Thousand Three Hundred Fifty-Nine Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	5,000.00
2	09/04/2024	MMH/MH/REDH2024075	CARD	Collected Amount	20,359.00