

IN PATIENT SUMMARY BILL

UHID : MMH202475693

IP No : IP2024001057

Patient name : Mrs.AUDREY POWELL

Age : 69 Y 10 M 10 D/Female

Bill No : MMH/MH/IP202401013

Bill Date : 11/05/2024

DOA : 8/5/2024 10:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	LABORATORY	₹ 7,968.00
6	NURSING CHARGE	₹ 2,400.00
7	OPERATION THEATRE CHARGES	₹ 5,000.00
8	PROFESSIONAL TEAM FEES	₹ 16,000.00
9	TRANSPORT	₹ 5,000.00
Gross Amount		₹ 56,318.00
Net Payable		₹ 56,318.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 26,318.00

Received Amount in Words : Fifty-Six Thousand Three Hundred Eighteen Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/05/2024	MMH/MH/RECH20240168	CARD	Advance Amount	10,000.00
2	10/05/2024	MMH/MH/RECH20240171	CARD	Advance Amount	20,000.00
3	11/05/2024	MMH/MH/REDH20241001	CHEQUE	Collected Amount	2,926.00
4	11/05/2024	MMH/MH/REDH20241001	CARD	Collected Amount	23,392.00