

IN PATIENT SUMMARY BILL

UHID : MMH202475917

IP No : IP2024002070

Patient name : Mrs.LUMIN STANLY

Age : 56 Y 4 M 6 D/Female

Consultant Name : Dr.CM THIAGARAJAN

Bill No : MMH/MH/IP202401988

Bill Date : 18/09/2024

DOA : 17/9/2024 9:35PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DIALYSIS / DIALYZER	₹ 3,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 3,796.00
6	NURSING CHARGE	₹ 800.00
7	PROFESSIONAL TEAM FEES	₹ 1,500.00
Tax Amount : 525.00		
Gross Amount		₹ 21,521.00
Net Payable		₹ 21,521.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 11,521.00

Received Amount in Words : Twenty-One Thousand Five Hundred Twenty-One Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/18/2024	MMH/MH/REDH202420555	CARD	Collected Amount	11,500.00
2	9/17/2024	MMH/MH/RECH202403629	CASH	Advance Amount	10,000.00
3	9/18/2024	MMH/MH/REDH202420556	CASH	Collected Amount	21.00