

IN PATIENT SUMMARY BILL

UHID : MMH202476021

IP No : IP2024001155

Patient name : Mrs.MUNIYAMMA V

Age : 39 Y 1 M 2 D/Female

Bill No : MMH/MH/IP202401114

Bill Date : 24/05/2024

DOA : 22/5/2024 11:04AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2               | BED CHARGES                 | ₹ 2,750.00  |
| 3               | DIET CHARGES                | ₹ 2,000.00  |
| 4               | DUTY MEDICAL OFFICER CHARGE | ₹ 1,875.00  |
| 5               | LABORATORY                  | ₹ 6,673.00  |
| 6               | NURSING CHARGE              | ₹ 2,000.00  |
| 7               | PROFESSIONAL FEES           | ₹ 4,000.00  |
| 8               | RADIOLOGY                   | ₹ 18,400.00 |
| 9               | TRANSPORT                   | ₹ 2,000.00  |
| Gross Amount    |                             | ₹ 40,048.00 |
| Net Payable     |                             | ₹ 40,048.00 |
| Advance Amount  |                             | ₹ 48,222.00 |
| Received Amount |                             | ₹ 0.00      |
| Refund Amount   |                             | ₹ 8,174.00  |

Received Amount in Words : Forty-Eight Thousand Two Hundred  
Twenty-Two Only

KARTHICK  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1    | 22/05/2024   | MMH/MH/RECH2024018 | CARD         | Advance Amount | 20,000.00       |
| 2    | 24/05/2024   | MMH/MH/RECH2024018 | CARD         | Advance Amount | 20,000.00       |
| 3    | 24/05/2024   | MMH/MH/RECH2024019 | CHEQUE       | Advance Amount | 8,222.00        |