

IN PATIENT SUMMARY BILL

UHID : MHE202421103

IP No : IPE2024000051

Patient name : Mrs.LOGAMBAL

Age : 72 Y 0 M 4 D/Female

Consultant Name : Dr.PARTHIBAN DURAISAMY

Bill No : MMH/MV/IPE202400050

Bill Date : 03/05/2024

DOA : 30/4/2024 1:24AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 5,812.50
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,750.00
4	EQUIPMENT	₹ 2,550.00
5	GENERAL PROCEDURE	₹ 500.00
6	INVESTIGATIONS	₹ 3,500.00
7	LABORATORY	₹ 4,643.00
8	NURSING CHARGE	₹ 1,750.00
9	PROFESSIONAL TEAM FEES	₹ 8,300.00
10	RADIOLOGY	₹ 420.00

Gross Amount ₹ 29,425.50

Net Payable ₹ 29,426.00

Advance Amount ₹ 14,000.00

Received Amount ₹ 15,426.00

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

ELAKKIYA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	4,000.00
2	30/04/2024	MMH/MV/RECAP2024000	CARD	Advance Amount	10,000.00
3	03/05/2024	MMH/MV/RECBD2024000	CASH	Collected Amount	15,426.00