

IN PATIENT SUMMARY BILL

UHID : MMH202476370

IP No : IP2024001003

Patient name : Mrs.MARY VARGHESE

Age : 59 Y 7 M 2 D/Female

Bill No : MMH/MH/IP202400953

Bill Date : 03/05/2024

DOA : 1/5/2024 8:23PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 1,950.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 32,462.00
7	NURSING CHARGE	₹ 1,600.00
8	PROFESSIONAL TEAM FEES	₹ 6,000.00
9	RADIOLOGY	₹ 5,000.00
Gross Amount		₹ 58,462.00
Net Payable		₹ 58,462.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 8,462.00

Received Amount in Words : Fifty-Eight Thousand Four Hundred Sixty-Two Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/05/2024	MMH/MH/RECH2024015	CARD	Advance Amount	10,000.00
2	02/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	40,000.00
3	03/05/2024	MMH/MH/REDH2024093	UPI	Collected Amount	6,281.00
4	03/05/2024	MMH/MH/REDH2024093	CHEQUE	Collected Amount	2,181.00