

IN PATIENT SUMMARY BILL

UHID : MMH202476827

IP No : IP2024001084

Patient name : Mrs.NIRMALA

Age : 73 Y 0 M 4 D/Female

Bill No : MMH/MH/IP202401056

Bill Date : 15/05/2024

DOA : 11/5/2024 7:34PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 18,300.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 3,000.00
6	LABORATORY	₹ 17,036.00
7	NURSING CHARGE	₹ 3,200.00
8	PHYSIOTHERAPY	₹ 700.00
9	PROFESSIONAL TEAM FEES	₹ 6,500.00
10	RADIOLOGY	₹ 6,400.00
Gross Amount		₹ 61,086.00
Net Payable		₹ 61,086.00
Advance Amount		₹ 60,000.00
Received Amount		₹ 5,163.00
Refund Amount		₹ 4,077.00

Received Amount in Words : Sixty-Five Thousand One Hundred Sixty-Three Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	10,000.00
2	12/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	20,000.00
3	13/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	30,000.00
4	15/05/2024	MMH/MH/REDH2024102	CHEQUE	Collected Amount	5,163.00