

IN PATIENT SUMMARY BILL

UHID : MMH202476888

IP No : IP2024001094

Patient name : Ms.DIVYA DHARSHINI

Age : 15 Y 5 M 29 D/Female

Bill No : MMH/MH/IP202401071

Bill Date : 18/05/2024

DOA : 13/5/2024 12:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,125.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
5	EQUIPMENT	₹ 600.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 6,875.00
8	NURSING CHARGE	₹ 4,400.00
9	OPERATION THEATRE CHARGES	₹ 9,850.00
10	PROFESSIONAL TEAM FEES	₹ 31,000.00
11	RADIOLOGY	₹ 2,950.00
Gross Amount		₹ 77,975.00
Net Payable		₹ 77,975.00
Advance Amount		₹ 65,000.00
Received Amount		₹ 12,975.00

Received Amount in Words : Seventy-Seven Thousand Nine Hundred Seventy-Five Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/05/2024	MMH/MH/RECH2024017	UPI	Advance Amount	6,500.00
2	13/05/2024	MMH/MH/RECH2024017	CASH	Advance Amount	23,500.00
3	15/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	35,000.00
4	18/05/2024	MMH/MH/REDH2024104	CHEQUE	Collected Amount	3,518.00
5	18/05/2024	MMH/MH/REDH2024104	CARD	Collected Amount	9,457.00