

IN PATIENT SUMMARY BILL

UHID : MMH202476961

IP No : IP2024001889

Patient name : Mrs.ARUMUGAKANI M

Age : 52 Y 3 M 11 D/Female

Consultant Name : Dr.SUBRAMANIAM.S

Bill No : MMH/MH/IP202401823

Bill Date : 25/08/2024

DOA : 23/8/2024 8:27AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	GENERAL PROCEEDURE	₹ 2,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 3,278.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 22,050.00
10	PHYSIOTHERAPY	₹ 600.00
11	PROFESSIONAL TEAM FEES	₹ 59,000.00
12	RADIOLOGY	₹ 1,320.00
Gross Amount		₹ 100,048.00
Net Payable		₹ 100,048.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 48.00

Received Amount in Words : One Lakh Forty-Eight Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/23/2024	MMH/MH/RECH202403253	CASH	Advance Amount	100,000.00
2	8/25/2024	MMH/MH/REDH202418570	CASH	Collected Amount	48.00