

IN PATIENT SUMMARY BILL

UHID : MMH202477118

IP No : IP2024001141

Patient name : Mrs.VIJAYA LAKSHMI S

Age : 79 Y 0 M 2 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401089

Bill Date : 22/05/2024

DOA : 20/5/2024 1:59PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,600.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 4,600.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 17,322.00
9	NURSING CHARGE	₹ 2,800.00
10	PROFESSIONAL TEAM FEES	₹ 6,500.00
11	RADIOLOGY	₹ 9,150.00
Gross Amount		₹ 55,072.00
Net Payable		₹ 55,072.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 30,072.00

Received Amount in Words : Fifty-Five Thousand Seventy-Two Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/05/2024	MMH/MH/RECH2024018	CASH	Advance Amount	5,000.00
2	21/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	10,000.00
3	21/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	10,000.00
4	22/05/2024	MMH/MH/REDH2024108	UPI	Collected Amount	30,000.00
5	22/05/2024	MMH/MH/REDH2024108	CASH	Collected Amount	72.00