

IN PATIENT SUMMARY BILL

UHID : MMH202477421

IP No : IP2024001227

Patient name : Mrs.GNANA SOUNDARI

Age : 79 Y 3 M 29 D/Female

Bill No : MMH/MH/IP202401191

Bill Date : 03/06/2024

DOA : 1/6/2024 11:53AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 13,800.00 |
| 3 | DIET CHARGES | ₹ 1,500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,125.00 |
| 5 | EQUIPMENT | ₹ 2,000.00 |
| 6 | GENERAL PROCEDURE | ₹ 1,000.00 |
| 7 | INTENSIVIST CHARGES | ₹ 3,000.00 |
| 8 | LABORATORY | ₹ 18,222.00 |
| 9 | NURSING CHARGE | ₹ 3,200.00 |
| 10 | PROFESSIONAL TEAM FEES | ₹ 5,500.00 |
| 11 | RADIOLOGY | ₹ 13,800.00 |
| 12 | TRANSPORT | ₹ 1,200.00 |
| Gross Amount | | ₹ 64,697.00 |
| Net Payable | | ₹ 64,697.00 |
| Advance Amount | | ₹ 50,000.00 |
| Received Amount | | ₹ 14,697.00 |

Received Amount in Words : Sixty-Four Thousand Six Hundred
Ninety-Seven Only

KARTHICK.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1 | 01/06/2024 | MMH/MH/RECH2024020 | UPI | Advance Amount | 50,000.00 |
| 2 | 03/06/2024 | MMH/MH/REDH2024119 | UPI | Collected Amount | 14,697.00 |