

IN PATIENT SUMMARY BILL

UHID : MMH202477758

IP No : IP2024001295

Patient name : Mrs.CHANDRALEKA

Age : 76 Y 11 M 26 D/Female

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202401239

Bill Date : 10/06/2024

DOA : 8/6/2024 4:19PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	GENERAL PROCEDURE	₹ 1,000.00
5	LABORATORY	₹ 3,756.00
6	NURSING CHARGE	₹ 1,600.00
7	PROFESSIONAL TEAM FEES	₹ 5,500.00
8	RADIOLOGY	₹ 3,600.00
Gross Amount		₹ 27,206.00
Net Payable		₹ 27,206.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 17,206.00

Received Amount in Words : Twenty-Seven Thousand Two Hundred Six Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/8/2024	MMH/MH/RECH202402129	CARD	Advance Amount	10,000.00
2	6/10/2024	MMH/MH/REDH202412456	CHEQUE	Collected Amount	1,275.00
3	6/10/2024	MMH/MH/REDH202412457	CARD	Collected Amount	15,931.00