

IN PATIENT SUMMARY BILL

UHID : MMH202478073

IP No : IP2024001330

Patient name : Mrs.VIRUDHASARANI D

Age : 72 Y 0 M 7 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401320

Bill Date : 21/06/2024

DOA : 14/6/2024 2:48PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,250.00
3	DIET CHARGES	₹ 4,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
5	EQUIPMENT	₹ 3,600.00
6	GENERAL PROCEDURE	₹ 2,450.00
7	LABORATORY	₹ 18,704.00
8	NURSING CHARGE	₹ 5,600.00
9	PROFESSIONAL TEAM FEES	₹ 24,000.00
10	RADIOLOGY	₹ 27,900.00
11	TRANSPORT	₹ 1,500.00
Gross Amount		₹ 112,604.00
Net Payable		₹ 112,604.00
Advance Amount		₹ 90,000.00
Received Amount		₹ 22,604.00

Received Amount in Words : One Lakh Twelve Thousand Six Hundred Four Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/14/2024	MMH/MH/RECH202402185	CARD	Advance Amount	10,000.00
2	6/16/2024	MMH/MH/RECH202402201	UPI	Advance Amount	30,000.00
3	6/20/2024	MMH/MH/RECH202402291	UPI	Advance Amount	50,000.00
4	6/21/2024	MMH/MH/REDH202413344	CARD	Collected Amount	22,604.00