

IN PATIENT SUMMARY BILL

UHID : MMH202478512

IP No : IP2024001422

Patient name : Mrs.GEETHA M

Age : 51 Y 9 M 24 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401373

Bill Date : 26/06/2024

DOA : 24/6/2024 11:47PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 9,085.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 33,200.00
8	PHYSIOTHERAPY	₹ 600.00
9	PROFESSIONAL TEAM FEES	₹ 36,000.00
10	RADIOLOGY	₹ 3,555.00
Gross Amount		₹ 88,590.00
Net Payable		₹ 88,590.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 58,590.00

Received Amount in Words : Eighty-Eight Thousand Five Hundred Ninety Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/25/2024	MMH/MH/RECH202402346	CASH	Advance Amount	30,000.00
2	6/26/2024	MMH/MH/REDH202413745	CASH	Collected Amount	58,590.00