IN PATIENT SUMMARY BILL

UHID : MMH202478946 : MMH/MH/IP202401649 Bill No

: IP2024001660 : 31/07/2024 Bill Date IP No

Patient name : Mrs.NARAYANI : 24/7/2024 12:39PM DOA

: 88 Y 3 M 12 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	35,475.00
3	DUTY MEDICAL OFFICER CHARGE		₹	5,625.00
4	EQUIPMENT		₹	7,000.00
5	INJECTION CHARGES		₹	200.00
6	LABORATORY		₹	9,216.00
7	NURSING CHARGE		₹	42,000.00
8	OPERATION THEATRE CHARGES		₹	4,950.00
9	PROFESSIONAL TEAM FEES		₹	25,000.00
10	RADIOLOGY		₹	3,500.00
		Gross Amount	₹	133,316.00
		Net Payable	₹	133,316.00
		Advance Amount	₹	133,316.00

₹ **Received Amount** 0.00

: One Lakh Thirty-Three Thousand Three Hundred Sixteen SUDHA.M **Received Amount in Words**

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/24/2024	MMH/MH/RECH202402813	UPI	Advance Amount	10,000.00
2	7/28/2024	MMH/MH/RECH202402873	UPI	Advance Amount	70,000.00
3	7/31/2024	MMH/MH/RECH202402926	UPI	Advance Amount	53,316.00