

IN PATIENT SUMMARY BILL

UHID : MMH202479576

IP No : IP2024001631

Patient name : Mrs.PACHAIYAMMAL M

Age : 54 Y 0 M 2 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401571

Bill Date : 22/07/2024

DOA : 20/7/2024 12:06PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
4	EQUIPMENT	₹ 3,000.00
5	LABORATORY	₹ 18,619.00
6	NURSING CHARGE	₹ 2,000.00
7	PROFESSIONAL TEAM FEES	₹ 6,000.00
8	RADIOLOGY	₹ 6,055.00
Gross Amount		₹ 40,649.00
Net Payable		₹ 40,649.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 35,649.00

Received Amount in Words : Forty Thousand Six Hundred Forty-Nine Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/20/2024	MMH/MH/RECH202402755	CARD	Advance Amount	5,000.00
2	7/22/2024	MMH/MH/REDH202415988	CHEQUE	Collected Amount	2,131.00
3	7/22/2024	MMH/MH/REDH202415989	CASH	Collected Amount	33,518.00