

IN PATIENT SUMMARY BILL

UHID : MMH202479871

IP No : IP2024001681

Patient name : Mrs.LAVANYA SHANKARI

Age : 39 Y 2 M 10 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401623

Bill Date : 28/07/2024

DOA : 27/7/2024 4:17AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,500.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 1,000.00
6	INTENSIVIST CHARGES	₹ 1,500.00
7	LABORATORY	₹ 10,045.00
8	NURSING CHARGE	₹ 1,800.00
9	PROFESSIONAL TEAM FEES	₹ 6,500.00
10	RADIOLOGY	₹ 625.00
Gross Amount		₹ 30,070.00
Net Payable		₹ 30,070.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 70.00

Received Amount in Words : Thirty Thousand Seventy Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/27/2024	MMH/MH/RECH202402852	UPI	Advance Amount	20,000.00
2	7/27/2024	MMH/MH/RECH202402853	CASH	Advance Amount	10,000.00
3	7/28/2024	MMH/MH/REDH202416479	UPI	Collected Amount	70.00