

IN PATIENT SUMMARY BILL

UHID : MMH202479896

IP No : IP2024001686

Patient name : Ms.HARINI B S

Age : 27 Y 3 M 14 D/Female

Bill No : MMH/MH/IP202401633

Bill Date : 29/07/2024

DOA : 28/7/2024 9:04AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 11,350.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
6	EQUIPMENT	₹ 2,000.00
7	GENERAL PROCEDURE	₹ 1,200.00
8	INTENSIVIST CHARGES	₹ 3,000.00
9	LABORATORY	₹ 5,610.00
10	NURSING CHARGE	₹ 2,800.00
11	PROFESSIONAL TEAM FEES	₹ 6,000.00
12	RADIOLOGY	₹ 3,025.00
Gross Amount		₹ 37,585.00
Net Payable		₹ 37,585.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 17,585.00

Received Amount in Words : Thirty-Seven Thousand Five Hundred Eighty-Five Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/28/2024	MMH/MH/RECH202402868	CASH	Advance Amount	20,000.00
2	7/29/2024	MMH/MH/REDH202416582	CHEQUE	Collected Amount	1,067.00
3	7/29/2024	MMH/MH/REDH202416583	CASH	Collected Amount	16,518.00