

IN PATIENT SUMMARY BILL

UHID : MMH202479961

IP No : IP2024001707

Patient name : Mrs.USHARANI K

Age : 50 Y 5 M 1 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401681

Bill Date : 03/08/2024

DOA : 30/7/2024 2:26PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DIET CHARGES	₹ 3,150.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
5	EQUIPMENT	₹ 19,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 9,988.00
8	NURSING CHARGE	₹ 3,600.00
9	OPERATION THEATRE CHARGES	₹ 9,500.00
10	PROFESSIONAL TEAM FEES	₹ 32,000.00
11	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 88,513.00
Net Payable		₹ 88,513.00
Advance Amount		₹ 45,000.00
Received Amount		₹ 43,513.00

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

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/30/2024	MMH/MH/RECH202402903	CARD	Advance Amount	5,000.00
2	7/31/2024	MMH/MH/RECH202402927	CARD	Advance Amount	40,000.00
3	8/3/2024	MMH/MH/REDH202416982	UPI	Collected Amount	43,513.00