

IN PATIENT SUMMARY BILL

UHID : MMH202480027

IP No : IP2024001725

Patient name : Mrs.MARIA KATHLEEN JULIANA

Age : 70 Y 5 M 17 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401666

Bill Date : 02/08/2024

DOA : 1/8/2024 1:04PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 1,000.00
5	LABORATORY	₹ 14,842.00
6	NURSING CHARGE	₹ 800.00
7	PROFESSIONAL TEAM FEES	₹ 5,000.00
8	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 28,992.00
Net Payable		₹ 28,992.00
Advance Amount		₹ 28,992.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Eight Thousand Nine Hundred Ninety-Two Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/1/2024	MMH/MH/RECH202402942	UPI	Advance Amount	1,000.00
2	8/2/2024	MMH/MH/RECH202402967	UPI	Advance Amount	27,992.00