

IN PATIENT SUMMARY BILL

UHID : MMH202480384

IP No : IP2024001887

Patient name : Mrs.UMA MEYYAPPAN

Age : 53 Y 4 M 14 D/Female

Bill No : MMH/MH/IP202401822

Bill Date : 24/08/2024

DOA : 23/8/2024 4:49AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 18,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 144.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 27,550.00
10	PROFESSIONAL TEAM FEES	₹ 34,000.00
Gross Amount		₹ 92,744.00
Net Payable		₹ 92,744.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 62,744.00

Received Amount in Words : Ninety-Two Thousand Seven Hundred Forty-Four Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/23/2024	MMH/MH/RECH202403252	CARD	Advance Amount	30,000.00
2	8/24/2024	MMH/MH/REDH202418543	CARD	Collected Amount	62,744.00