

IN PATIENT SUMMARY BILL

UHID : MMH202480459

IP No : IP2024001794

Patient name : Mrs.RANI

Age : 52 Y 0 M 1 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401729

Bill Date : 12/08/2024

DOA : 11/8/2024 6:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	GENERAL PROCEEDURE	₹ 1,000.00
5	LABORATORY	₹ 126.00
6	NURSING CHARGE	₹ 800.00
7	RADIOLOGY	₹ 400.00
Gross Amount		₹ 4,526.00
Net Payable		₹ 4,526.00
Advance Amount		₹ 7,252.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,726.00

Received Amount in Words : Seven Thousand Two Hundred Fifty-Two Only

SRINIVASAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/11/2024	MMH/MH/RECH202403089	UPI	Advance Amount	5,000.00
2	8/12/2024	MMH/MH/RECH202403091	CHEQUE	Advance Amount	2,252.00