

IN PATIENT SUMMARY BILL

UHID : MMH202480553

IP No : IP2024001808

Patient name : Mrs.SASIKALA R

Age : 56 Y 1 M 28 D/Female

Bill No : MMH/MH/IP202401751

Bill Date : 15/08/2024

DOA : 13/8/2024 10:08PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAY ALAGAPPAN S

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	LABORATORY	₹ 11,088.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 7,550.00
8	PROFESSIONAL TEAM FEES	₹ 40,000.00
9	RADIOLOGY	₹ 5,200.00
Gross Amount		₹ 76,688.00
Net Payable		₹ 76,688.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 46,688.00

Received Amount in Words : Seventy-Six Thousand Six Hundred Eighty-Eight Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/13/2024	MMH/MH/RECH202403129	CARD	Advance Amount	30,000.00
2	8/15/2024	MMH/MH/REDH202417854	CARD	Collected Amount	46,688.00