

IN PATIENT SUMMARY BILL

UHID : MHP202401055

IP No : IP2024002080

Patient name : Mrs.KOTHAI R

Age : 74 Y 8 M 29 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402041

Bill Date : 23/09/2024

DOA : 19/9/2024 8:44AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	BED CHARGES	₹ 2,750.00
2	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
3	LABORATORY	₹ 3,917.00
4	NURSING CHARGE	₹ 800.00
5	PHARMACY CHARGE	₹ 52,903.00
6	PROFESSIONAL TEAM FEES	₹ 20,866.00
Gross Amount		₹ 81,986.00
Net Payable		₹ 81,986.00
Advance Amount		₹ 81,986.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-One Thousand Nine Hundred Eighty-Six Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/19/2024	MMH/MH/RECH202403656	CARD	Advance Amount	81,986.00