

IN PATIENT SUMMARY BILL

UHID : MMH202480663

IP No : IP2024001847

Patient name : Mrs.PRABHAVATHI

Age : 60 Y 0 M 3 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401795

Bill Date : 21/08/2024

DOA : 18/8/2024 6:21PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,150.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 6,150.00
6	INTENSIVIST CHARGES	₹ 4,500.00
7	LABORATORY	₹ 17,529.00
8	NURSING CHARGE	₹ 4,600.00
9	PROFESSIONAL TEAM FEES	₹ 6,000.00
10	RADIOLOGY	₹ 5,025.00
Gross Amount		₹ 68,304.00
Net Payable		₹ 68,304.00
Advance Amount		₹ 35,000.00
Received Amount		₹ 33,304.00

Received Amount in Words : Sixty-Eight Thousand Three Hundred Four Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/18/2024	MMH/MH/RECH202403184	CARD	Advance Amount	15,000.00
2	8/19/2024	MMH/MH/RECH202403190	CARD	Advance Amount	20,000.00
3	8/21/2024	MMH/MH/REDH202418273	CHEQUE	Collected Amount	1,993.00
4	8/21/2024	MMH/MH/REDH202418274	CARD	Collected Amount	31,311.00