

IN PATIENT SUMMARY BILL

UHID : MMH202480672

IP No : IP2024001883

Patient name : Mrs.LALLI O.V

Age : 54 Y 1 M 11 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401814

Bill Date : 23/08/2024

DOA : 22/8/2024 8:57AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,775.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	LABORATORY	₹ 12,379.00
6	NURSING CHARGE	₹ 1,200.00
7	PROFESSIONAL TEAM FEES	₹ 6,500.00
8	RADIOLOGY	₹ 11,000.00
Gross Amount		₹ 39,829.00
Net Payable		₹ 39,829.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 14,829.00

Received Amount in Words : Thirty-Nine Thousand Eight Hundred Twenty-Nine Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/22/2024	MMH/MH/RECH202403241	CARD	Advance Amount	10,000.00
2	8/23/2024	MMH/MH/RECH202403256	CARD	Advance Amount	15,000.00
3	8/23/2024	MMH/MH/REDH202418447	CARD	Collected Amount	14,829.00