

IN PATIENT SUMMARY BILL

UHID : MMH202480712

IP No : IP2024001863

Patient name : Mrs.SARASWATHY C

Age : 53 Y 2 M 17 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401803

Bill Date : 22/08/2024

DOA : 20/8/2024 12:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,500.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	LABORATORY	₹ 18,600.00
6	NURSING CHARGE	₹ 2,000.00
7	PHYSIOTHERAPY	₹ 1,200.00
8	PROFESSIONAL TEAM FEES	₹ 9,000.00
9	RADIOLOGY	₹ 17,360.00
Gross Amount		₹ 62,885.00
Net Payable		₹ 62,885.00
Advance Amount		₹ 35,000.00
Received Amount		₹ 27,885.00

Received Amount in Words : Sixty-Two Thousand Eight Hundred Eighty-Five Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/20/2024	MMH/MH/RECH202403211	CASH	Advance Amount	15,000.00
2	8/21/2024	MMH/MH/RECH202403233	CASH	Advance Amount	20,000.00
3	8/22/2024	MMH/MH/REDH202418392	CHEQUE	Collected Amount	1,907.00
4	8/22/2024	MMH/MH/REDH202418393	CASH	Collected Amount	25,978.00