

IN PATIENT SUMMARY BILL

UHID : MMH202480745

IP No : IP2024001877

Patient name : Mrs.RANIAMMA

Age : 63 Y 7 M 21 D/Female

Bill No : MMH/MH/IP202401802

Bill Date : 22/08/2024

DOA : 21/8/2024 5:40PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	DIET CHARGES	₹ 500.00
4	EQUIPMENT	₹ 6,150.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 10,963.00
7	NURSING CHARGE	₹ 2,000.00
8	PROFESSIONAL TEAM FEES	₹ 2,000.00
9	RADIOLOGY	₹ 6,425.00
10	TRANSPORT	₹ 1,500.00
Gross Amount		₹ 40,388.00
Net Payable		₹ 40,388.00
Advance Amount		₹ 17,000.00
Received Amount		₹ 23,388.00

Received Amount in Words : Forty Thousand Three Hundred Eighty-Eight Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/21/2024	MMH/MH/RECH202403232	UPI	Advance Amount	17,000.00
2	8/22/2024	MMH/MH/REDH202418376	UPI	Collected Amount	23,388.00