

IN PATIENT SUMMARY BILL

UHID : MMH202481384

IP No : IP2024002019

Patient name : Mrs.MEENAKSHI

Age : 75 Y 0 M 0 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401941

Bill Date : 11/09/2024

DOA : 11/9/2024 2:15AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,925.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	LABORATORY	₹ 144.00
5	NURSING CHARGE	₹ 400.00
6	PROFESSIONAL TEAM FEES	₹ 2,000.00
7	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 6,194.00
Net Payable		₹ 6,194.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,806.00

Received Amount in Words : Ten Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/11/2024	MMH/MH/RECH202403522	CARD	Advance Amount	10,000.00