

IN PATIENT SUMMARY BILL

UHID : MMH202481730

IP No : IP2024002121

Patient name : Mrs.MALLIGA C

Age : 61 Y 10 M 8 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402042

Bill Date : 23/09/2024

DOA : 23/9/2024 12:13AM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|------|------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 3,750.00 |
| 3 | EQUIPMENT | ₹ 14,500.00 |
| 4 | INJECTION CHARGES | ₹ 940.00 |
| 5 | INTENSIVIST CHARGES | ₹ 1,500.00 |
| 6 | LABORATORY | ₹ 40,278.00 |
| 7 | NURSING CHARGE | ₹ 1,000.00 |
| 8 | PROCEDURE CHARGES | ₹ 5,000.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 4,500.00 |
| 10 | RADIOLOGY | ₹ 11,446.00 |

Gross Amount₹83,264.00

Net Payable₹83,264.00

Advance Amount₹25,000.00

Received Amount₹58,264.00

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

SUDHA

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 9/23/2024 | MMH/MH/REDH202420927 | CHEQUE | Collected Amount | 3,264.00 |
| 2 | 9/23/2024 | MMH/MH/RECH202403708 | UPI | Advance Amount | 25,000.00 |
| 3 | 9/23/2024 | MMH/MH/REDH202420928 | UPI | Collected Amount | 20,000.00 |
| 4 | 9/23/2024 | MMH/MH/REDH202420929 | CASH | Collected Amount | 35,000.00 |