IN PATIENT SUMMARY BILL

UHID : MMH202482151 : MMH/MH/IP202402130 Bill No

: IP2024002174 : 04/10/2024 IP No Bill Date

: Mr.THIRUPPATHI.A : 29/9/2024 10:14AM Patient name DOA

: 49 Y 4 M 3 D/Male DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.T.PALANIAPPAN

Amount			Description	S.No
350.00	₹		ADMINISTRATION CHARGES	1
21,175.00	₹		BED CHARGES	2
4,125.00	₹		DUTY MEDICAL OFFICER CHARGE	3
49,925.00	₹	LABORATORY		
4,400.00	₹		NURSING CHARGE	5
23,000.00	₹		PROFESSIONAL TEAM FEES	6
11,550.00	₹		RADIOLOGY	7
114,525.00	₹	Gross Amount		
114,525.00	₹	Net Payable		
65,000.00	₹	Advance Amount		

: One Lakh Fourteen Thousand Five Hundred Twenty-Five SUDHA **Received Amount in Words**

Only **Authorised Signature**

₹

49,525.00

Received Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/4/2024	MMH/MH/REDH202421832	CHEQUE	Collected Amount	2,999.00
2	9/30/2024	MMH/MH/RECH202403838	UPI	Advance Amount	25,000.00
3	10/4/2024	MMH/MH/REDH202421833	CARD	Collected Amount	46,526.00
4	9/29/2024	MMH/MH/RECH202403817	CASH	Advance Amount	10,000.00
5	10/1/2024	MMH/MH/RECH202403857	CASH	Advance Amount	30,000.00