

IN PATIENT SUMMARY BILL

UHID : MMH202482191

IP No : IP2024002184

Patient name : Mrs.NARAYANAMMA

Age : 72 Y 0 M 5 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402136

Bill Date : 05/10/2024

DOA : 30/9/2024 2:23PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2               | BED CHARGES                 | ₹ 21,000.00  |
| 3               | DIET CHARGES                | ₹ 500.00     |
| 4               | DUTY MEDICAL OFFICER CHARGE | ₹ 3,750.00   |
| 5               | LABORATORY                  | ₹ 23,093.00  |
| 6               | NURSING CHARGE              | ₹ 4,000.00   |
| 7               | PROCEDURE CHARGES           | ₹ 1,800.00   |
| 8               | PROFESSIONAL TEAM FEES      | ₹ 21,500.00  |
| 9               | RADIOLOGY                   | ₹ 25,220.00  |
| Gross Amount    |                             | ₹ 101,213.00 |
| Net Payable     |                             | ₹ 101,213.00 |
| Advance Amount  |                             | ₹ 20,000.00  |
| Received Amount |                             | ₹ 81,213.00  |

Received Amount in Words : One Lakh One Thousand Two Hundred Thirteen Only

SUDHA  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1    | 10/5/2024    | MMH/MH/REDH202421924 | CHEQUE       | Collected Amount | 2,633.00        |
| 2    | 10/5/2024    | MMH/MH/REDH202421925 | UPI          | Collected Amount | 50,000.00       |
| 3    | 9/30/2024    | MMH/MH/RECH202403836 | CASH         | Advance Amount   | 20,000.00       |
| 4    | 10/5/2024    | MMH/MH/REDH202421926 | CASH         | Collected Amount | 28,580.00       |