

IN PATIENT SUMMARY BILL

UHID : MMH202482375

IP No : IP2024002226

Patient name : Mrs.SUGANYA

Age : 31 Y 7 M 13 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402170

Bill Date : 09/10/2024

DOA : 7/10/2024 1:09PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DIET CHARGES	₹ 2,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 2,300.00
6	LABORATORY	₹ 30,341.00
7	NURSING CHARGE	₹ 1,600.00
8	PROFESSIONAL TEAM FEES	₹ 12,000.00
9	RADIOLOGY	₹ 2,720.00
Gross Amount		₹ 63,111.00
Net Payable		₹ 63,111.00
Advance Amount		₹ 45,000.00
Received Amount		₹ 18,111.00

Received Amount in Words : Sixty-Three Thousand One Hundred Eleven Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/9/2024	MMH/MH/REDH202422243	CHEQUE	Collected Amount	1,369.00
2	10/7/2024	MMH/MH/RECH202403934	CARD	Advance Amount	5,000.00
3	10/8/2024	MMH/MH/RECH202403957	CARD	Advance Amount	40,000.00
4	10/9/2024	MMH/MH/REDH202422244	CARD	Collected Amount	16,742.00