

IN PATIENT SUMMARY BILL

UHID : MMH202482521

IP No : IP2024002272

Patient name : Mrs.USHA S

Age : 78 Y 1 M 19 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402198

Bill Date : 13/10/2024

DOA : 12/10/2024 10:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	EQUIPMENT	₹ 8,150.00
4	INTENSIVIST CHARGES	₹ 3,000.00
5	LABORATORY	₹ 11,439.00
6	NURSING CHARGE	₹ 2,000.00
7	PROFESSIONAL TEAM FEES	₹ 2,000.00
8	RADIOLOGY	₹ 750.00

Gross Amount₹35,189.00

Net Payable₹35,189.00

Advance Amount₹30,000.00

Received Amount₹5,189.00

Received Amount in Words : Thirty-Five Thousand One Hundred Eighty-Nine Only

SUDHA

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/12/2024	MMH/MH/RECH202404015	CARD	Advance Amount	30,000.00
2	10/13/2024	MMH/MH/REDH202422481	CARD	Collected Amount	5,189.00