

IN PATIENT SUMMARY BILL

UHID : MH00153

IP No : IP2024001285

Patient name : Mrs.SAROJINI NAIR

Age : 76 Y 0 M 7 D/Female

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202401250

Bill Date : 12/06/2024

DOA : 7/6/2024 12:52PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,750.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	GENERAL PROCEDURE	₹ 1,400.00
6	INJECTION CHARGES	₹ 600.00
7	LABORATORY	₹ 3,876.00
8	NURSING CHARGE	₹ 4,000.00
9	OPERATION THEATRE CHARGES	₹ 16,550.00
10	PHYSIOTHERAPY	₹ 4,200.00
11	PROFESSIONAL TEAM FEES	₹ 61,000.00
12	RADIOLOGY	₹ 1,120.00
Gross Amount		₹ 124,596.00
Net Payable		₹ 124,596.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 24,596.00

Received Amount in Words : One Lakh Twenty-Four Thousand Five Hundred Ninety-Six Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MH/RECH202402109	CASH	Advance Amount	30,000.00
2	6/10/2024	MMH/MH/RECH202402144	CASH	Advance Amount	50,000.00
3	6/11/2024	MMH/MH/RECH202402161	CASH	Advance Amount	20,000.00
4	6/12/2024	MMH/MH/REDH202412667	CASH	Collected Amount	24,596.00