IN PATIENT SUMMARY BILL

UHID	:	MH00466	Bill No	:	MMH/MH/IP202401207
IP No	:	IP2024001101	Bill Date	:	06/06/2024
Patient name	:	Mrs.LALITHA.V	DOA	:	14/5/2024 2:27PM
Age	:	81 Y 7 M 18 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	151,050.00
3	BLOOD COMPONENTS	₹	5,100.00
4	DIALYSIS / DIALYZER	₹	10,500.00
5	DIET CHARGES	₹	11,500.00
6	DUTY MEDICAL OFFICER CHARGE	₹	6,750.00
7	EQUIPMENT	₹	38,200.00
8	GENERAL PROCEDURE	₹	15,500.00
9	INJECTION CHARGES	₹	200.00
10	INTENSIVIST CHARGES	₹	43,500.00
11	LABORATORY	₹	149,147.00
12	NURSING CHARGE	₹	36,200.00
13	OPERATION THEATRE CHARGES	₹	13,350.00
14	PHYSIOTHERAPY	₹	24,900.00
15	PROFESSIONAL TEAM FEES	₹	182,000.00
16	RADIOLOGY	₹	18,950.00
17	TRANSPORT	₹	7,500.00
	Gross Amount	₹	**714,697.00**
	Net Payable	₹	**714,697.00**
	Advance Amount	₹	**665,000.00**
	Received Amount	₹	**49,697.00**

Received Amount in Words : Seven Lakh Fourteen Thousand Six Hundred Ninety-Seven Only

SATHISH KUMAR.S
Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/05/2024	MMH/MH/RECH2024017	AFFORDPLAN	Advance Amount	20,000.00
2	16/05/2024	MMH/MH/RECH2024017	AFFORDPLAN	Advance Amount	20,000.00
3	18/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	80,000.00
4	21/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	80,000.00
5	21/05/2024	MMH/MH/RECH2024018	AFFORDPLAN	Advance Amount	50,000.00
6	23/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	60,000.00
7	24/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	70,000.00
8	26/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	40,000.00
9	28/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	70,000.00
10	01/06/2024	MMH/MH/RECH2024020	CARD	Advance Amount	75,000.00
11	04/06/2024	MMH/MH/RECH2024020	CARD	Advance Amount	100,000.00
12	06/06/2024	MMH/MH/REDH2024121	CARD	Collected Amount	49,697.00