

IN PATIENT SUMMARY BILL

UHID : MH00466

IP No : IP2024001373

Patient name : Mrs.LALITHA.V

Age : 81 Y 8 M 3 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401333

Bill Date : 22/06/2024

DOA : 19/6/2024 12:42PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,150.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 8,000.00
6	INJECTION CHARGES	₹ 200.00
7	INTENSIVIST CHARGES	₹ 4,500.00
8	LABORATORY	₹ 11,277.00
9	NURSING CHARGE	₹ 4,600.00
10	OPERATION THEATRE CHARGES	₹ 8,700.00
11	PHYSIOTHERAPY	₹ 2,600.00
12	PROFESSIONAL TEAM FEES	₹ 27,000.00
13	RADIOLOGY	₹ 1,000.00
14	TRANSPORT	₹ 8,500.00
Gross Amount		₹ 101,377.00
Net Payable		₹ 101,377.00
Advance Amount		₹ 101,377.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh One Thousand Three Hundred Seventy-Seven Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/19/2024	MMH/MH/RECH202402253	CARD	Advance Amount	20,000.00
2	6/21/2024	MMH/MH/RECH202402298	CARD	Advance Amount	50,000.00
3	6/22/2024	MMH/MH/RECH202402310	CARD	Advance Amount	31,377.00