IN PATIENT SUMMARY BILL

UHID	:	MH00466	Bill No	:	MMH/MH/IP202401505
IP No	:	IP2024001486	Bill Date	:	15/07/2024
Patient name	:	Mrs.LALITHA.V	DOA	:	3/7/2024 12:41PM
Age	:	81 Y 8 M 26 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	₹	93,750.00
3	BLOOD COMPONENTS	₹	88,650.00
4	CARDIOLOGY PACKAGE-HEART	₹	30,000.00
5	DIALYSIS / DIALYZER	₹	75,000.00
6	DIET CHARGES	₹	6,000.00
7	EQUIPMENT	₹	243,450.00
8	GENERAL PROCEDURE	₹	20,200.00
9	INJECTION CHARGES	₹	4,000.00
10	INTENSIVIST CHARGES	₹	37,500.00
11	LABORATORY	₹	160,003.00
12	NURSING CHARGE	₹	25,000.00
13	PHYSIOTHERAPY	₹	8,400.00
14	PROFESSIONAL TEAM FEES	₹	238,000.00
15	RADIOLOGY	₹	54,488.00
	Gross Amount	₹	**1,084,791.00**
	Net Payable	₹	**1,084,791.00**
	Advance Amount	₹	**1,084,791.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Ten Lakh Eighty-Four Thousand Seven Hundred Ninety-One Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/3/2024	MMH/MH/RECH202402483	CARD	Advance Amount	30,000.00
2	7/5/2024	MMH/MH/RECH202402514	CARD	Advance Amount	100,000.00
3	7/12/2024	MMH/MH/RECH202402611	CASH	Advance Amount	150,000.00
4	7/13/2024	MMH/MH/RECH202402633	CARD	Advance Amount	250,000.00
5	7/7/2024	MMH/MH/RECH202402665	CARD	Advance Amount	100,000.00
6	7/8/2024	MMH/MH/RECH202402666	CARD	Advance Amount	50,000.00
7	7/15/2024	MMH/MH/RECH202402667	CARD	Advance Amount	200,000.00
8	7/15/2024	MMH/MH/RECH202402668	CARD	Advance Amount	100,000.00
9	7/15/2024	MMH/MH/RECH202402669	CARD	Advance Amount	104,791.00

S.No	Description	Amount