

IN PATIENT SUMMARY BILL

UHID : MH00466

IP No : IP2024000928

Patient name : Mrs.LALITHA.V

Age : 81 Y 6 M 8 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400907

Bill Date : 27/04/2024

DOA : 22/4/2024 7:58PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 29,850.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 4,000.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 13,772.00
8	NURSING CHARGE	₹ 6,400.00
9	PHYSIOTHERAPY	₹ 5,600.00
10	PROFESSIONAL TEAM FEES	₹ 12,500.00
Gross Amount		₹ 82,222.00
Net Payable		₹ 82,222.00
Advance Amount		₹ 70,000.00
Received Amount		₹ 12,222.00

Received Amount in Words : Eighty-Two Thousand Two Hundred Twenty-Two Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/04/2024	MMH/MH/RECH2024014	NEFT	Advance Amount	40,000.00
2	26/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	30,000.00
3	27/04/2024	MMH/MH/REDH2024088	CHEQUE	Collected Amount	1,107.00
4	27/04/2024	MMH/MH/REDH2024088	CARD	Collected Amount	11,115.00