IN PATIENT SUMMARY BILL

UHID : MH01236 : MMH/MH/IP202401980 Bill No

: 16/09/2024 : IP2024001982 Bill Date IP No Patient name : Mrs.SUSILA S : 4/9/2024 9:12PM DOA

: 76 Y 2 M 29 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.T.PALANIAPPAN

| S.No | Description | | | Amount |
|------|-----------------------------|--------------|---|------------|
| 1 | ADMINISTRATION CHARGES | | ₹ | 500.00 |
| 2 | BED CHARGES | | ₹ | 29,850.00 |
| 3 | DIET CHARGES | | ₹ | 2,500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | | ₹ | 2,250.00 |
| 5 | EQUIPMENT | | ₹ | 20,500.00 |
| 6 | INJECTION CHARGES | | ₹ | 200.00 |
| 7 | INTENSIVIST CHARGES | | ₹ | 6,000.00 |
| 8 | LABORATORY | | ₹ | 26,428.00 |
| 9 | NURSING CHARGE | | ₹ | 6,400.00 |
| 10 | OPERATION THEATRE CHARGES | | ₹ | 15,000.00 |
| 11 | PROFESSIONAL TEAM FEES | | ₹ | 67,000.00 |
| 12 | RADIOLOGY | | ₹ | 19,150.00 |
| 13 | TRANSPORT | | ₹ | 5,000.00 |
| | | Gross Amount | ₹ | 200,778.00 |
| | | Net Payable | ₹ | 200,778.00 |

200,778.00 **Received Amount Received Amount in Words** : Two Lakh Seven Hundred Seventy-Eight Only SUDHA

Authorised Signature

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Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 9/16/2024 | MMH/MH/REDH202420311 | NEFT | Collected Amount | 200,778.00 |