

IN PATIENT SUMMARY BILL

UHID : MH03981

IP No : IP2024001284

Patient name : Mrs.RAJALAKSHMI

Age : 48 Y 9 M 17 D/Female

Bill No : MMH/MH/IP202401246

Bill Date : 11/06/2024

DOA : 7/6/2024 10:50AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 26,450.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 5,300.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INTENSIVIST CHARGES	₹ 7,500.00
8	LABORATORY	₹ 10,819.00
9	NURSING CHARGE	₹ 6,600.00
10	OPERATION THEATRE CHARGES	₹ 3,970.00
11	PHYSIOTHERAPY	₹ 700.00
12	PROFESSIONAL TEAM FEES	₹ 21,500.00
13	RADIOLOGY	₹ 9,650.00
Gross Amount		₹ 96,839.00
Net Payable		₹ 96,839.00
Advance Amount		₹ 65,000.00
Received Amount		₹ 31,839.00

Received Amount in Words : Ninety-Six Thousand Eight Hundred Thirty-Nine Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MH/RECH202402107	CARD	Advance Amount	30,000.00
2	6/9/2024	MMH/MH/RECH202402141	CARD	Advance Amount	25,000.00
3	6/11/2024	MMH/MH/RECH202402160	UPI	Advance Amount	10,000.00
4	6/11/2024	MMH/MH/REDH202412595	UPI	Collected Amount	31,839.00