

IN PATIENT SUMMARY BILL

UHID : MH05795

IP No : IP2024002225

Patient name : Mrs.THARA.R

Age : 73 Y 5 M 10 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402192

Bill Date : 11/10/2024

DOA : 7/10/2024 12:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 30,450.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 33,500.00
6	INTENSIVIST CHARGES	₹ 10,500.00
7	LABORATORY	₹ 28,307.00
8	NURSING CHARGE	₹ 7,800.00
9	PHYSIOTHERAPY	₹ 4,200.00
10	PROFESSIONAL TEAM FEES	₹ 22,000.00
11	RADIOLOGY	₹ 3,150.00
12	TRANSPORT	₹ 2,500.00
Gross Amount		₹ 146,007.00
Net Payable		₹ 146,007.00
Advance Amount		₹ 121,007.00
Received Amount		₹ 25,000.00

Received Amount in Words : One Lakh Forty-Six Thousand Seven Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/7/2024	MMH/MH/RECH202403933	UPI	Advance Amount	20,000.00
2	10/10/2024	MMH/MH/RECH202403999	UPI	Advance Amount	50,000.00
3	10/11/2024	MMH/MH/RECH202404009	UPI	Advance Amount	1,007.00
4	10/11/2024	MMH/MH/RECH202404008	CARD	Advance Amount	50,000.00
5	10/11/2024	MMH/MH/REDH202422393	CARD	Collected Amount	25,000.00