

IN PATIENT SUMMARY BILL

UHID : MH05795

IP No : IP2024001005

Patient name : Mrs.THARA.R

Age : 73 Y 0 M 7 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400999

Bill Date : 08/05/2024

DOA : 1/5/2024 10:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 34,650.00 |
| 3 | DIET CHARGES | ₹ 2,500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 5,250.00 |
| 5 | EQUIPMENT | ₹ 48,300.00 |
| 6 | LABORATORY | ₹ 40,121.00 |
| 7 | NURSING CHARGE | ₹ 8,000.00 |
| 8 | PACKAGE | ₹ 10,000.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 27,000.00 |
| 10 | RADIOLOGY | ₹ 8,500.00 |
| 11 | TRANSPORT | ₹ 2,000.00 |
| Gross Amount | | ₹ 186,671.00 |
| Net Payable | | ₹ 186,671.00 |
| Advance Amount | | ₹ 50,000.00 |
| Received Amount | | ₹ 136,671.00 |

Received Amount in Words : One Lakh Eighty-Six Thousand Six Hundred Seventy-One Only

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1 | 01/05/2024 | MMH/MH/RECH2024015 | UPI | Advance Amount | 10,000.00 |
| 2 | 06/05/2024 | MMH/MH/RECH2024016 | UPI | Advance Amount | 40,000.00 |
| 3 | 08/05/2024 | MMH/MH/REDH2024097 | CHEQUE | Collected Amount | 1,908.00 |
| 4 | 08/05/2024 | MMH/MH/REDH2024097 | UPI | Collected Amount | 134,763.00 |