

IN PATIENT SUMMARY BILL

UHID : MH08776

IP No : IP2024000834

Patient name : Mrs.PRABHA.D

Age : 72 Y 4 M 1 D/Female

Bill No : MMH/MH/IP202400824

Bill Date : 15/04/2024

DOA : 9/4/2024 12:45PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 40,250.00
3	BLOOD COMPONENTS	₹ 10,300.00
4	DIET CHARGES	₹ 3,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
6	EQUIPMENT	₹ 15,000.00
7	G.I.PROCEDURE	₹ 10,000.00
8	INJECTION CHARGES	₹ 400.00
9	INTENSIVIST CHARGES	₹ 15,000.00
10	LABORATORY	₹ 27,432.00
11	NURSING CHARGE	₹ 10,800.00
12	OPERATION THEATRE CHARGES	₹ 11,150.00
13	PHYSIOTHERAPY	₹ 3,500.00
14	PROFESSIONAL TEAM FEES	₹ 39,000.00
15	RADIOLOGY	₹ 24,150.00
Gross Amount		₹ 211,582.00
Net Payable		₹ 211,582.00
Advance Amount		₹ 185,000.00
Received Amount		₹ 26,582.00

Received Amount in Words : Two Lakh Eleven Thousand Five Hundred Eighty-Two Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	40,000.00
2	09/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	15,000.00
3	10/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	30,000.00
4	11/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	20,000.00
5	12/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	40,000.00
6	13/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	40,000.00
7	15/04/2024	MMH/MH/REDH2024079	CHEQUE	Collected Amount	21,571.00
8	15/04/2024	MMH/MH/REDH2024079	CARD	Collected Amount	5,011.00