

IN PATIENT SUMMARY BILL

UHID	:	MH26659	Bill No	:	MMH/MH/IP00095
IP No	:	IP2023002647	Bill Date	:	08/12/2023
Patient name	:	Mrs.LEELAVATHI GORE	DOA	:	5/12/2023 12:47AM
Age	:	86 Y 9 M 22 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 2,000.00
5	INTENSIVIST CHARGES	₹ 6,000.00
6	LABORATORY	₹ 4,524.00
7	NURSING CHARGE	₹ 4,750.00
8	PHYSIOTHERAPY	₹ 1,800.00
9	PROFESSIONAL TEAM FEES	₹ 18,500.00
10	RADIOLOGY	₹ 18,060.00
11	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 77,634.00
Net Payable		₹ 77,634.00
Advance Amount		₹ 77,634.00
Received Amount		₹ 0.00

Received Amount in Words	:	Seventy-Seven Thousand Six Hundred Thirty-Four Only	KARTHIK C Authorised Signature
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-05 01:13:10.153	MMH/MH/RECH00185	UPI	Advance Amount	10,000.00
2	2023-12-07 16:20:39.453	MMH/MH/RECH00220	CARD	Advance Amount	50,000.00
3	2023-12-08 15:45:29.813	MMH/MH/RECH00231	CHEQUE	Advance Amount	2,609.00
4	2023-12-08 15:45:29.820	MMH/MH/RECH00232	CARD	Advance Amount	15,025.00