

IN PATIENT SUMMARY BILL

UHID : MH27080

IP No : IP2024002035

Patient name : Ms.VIMALA.R

Age : 70/Female

Consultant Name : Dr.DIVYALAKSHMI

Bill No : MMH/MH/IP202401977

Bill Date : 15/09/2024

DOA : 12/9/2024 6:28PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,950.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 19,875.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 29,000.00
6	INJECTION CHARGES	₹ 200.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 6,488.00
9	NURSING CHARGE	₹ 4,000.00
10	OPERATION THEATRE CHARGES	₹ 24,750.00
11	PROCEDURE CHARGES	₹ 1,500.00
12	PROFESSIONAL TEAM FEES	₹ 40,000.00
Gross Amount		₹ 135,988.00
Net Payable		₹ 135,988.00
Advance Amount		₹ 90,000.00
Received Amount		₹ 45,988.00

Received Amount in Words : One Lakh Thirty-Five Thousand Nine Hundred Eighty-Eight Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/15/2024	MMH/MH/REDH202420237	CHEQUE	Collected Amount	2,485.00
2	9/12/2024	MMH/MH/RECH202403558	CARD	Advance Amount	50,000.00
3	9/14/2024	MMH/MH/RECH202403582	CARD	Advance Amount	40,000.00
4	9/15/2024	MMH/MH/REDH202420238	CARD	Collected Amount	43,503.00