

IN PATIENT SUMMARY BILL

UHID : MH29970 Bill No : MMH/MH/IP202401723
 IP No : IP2024001758 Bill Date : 11/08/2024
 Patient name : Mr.ASAITHAMBI R DOA : 5/8/2024 8:07PM
 Age : 65 Y 0 M 6 D/Male DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.VIJAYAN.J

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,000.00
3	BLOOD COMPONENTS	₹ 8,850.00
4	DIET CHARGES	₹ 3,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
6	EQUIPMENT	₹ 2,000.00
7	GENERAL PROCEEDURE	₹ 2,000.00
8	INJECTION CHARGES	₹ 200.00
9	INTENSIVIST CHARGES	₹ 3,000.00
10	LABORATORY	₹ 14,630.00
11	NURSING CHARGE	₹ 6,000.00
12	OPERATION THEATRE CHARGES	₹ 3,500.00
13	PHYSIOTHERAPY	₹ 700.00
14	PROFESSIONAL TEAM FEES	₹ 27,000.00
15	RADIOLOGY	₹ 4,825.00
		₹ 92,805.00
		₹ 92,805.00
		₹ 25,000.00
		₹ 67,805.00

Received Amount in Words : Ninety-Two Thousand Eight Hundred Five Only **SUDHA**
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/5/2024	MMH/MH/RECH202403016	CARD	Advance Amount	5,000.00
2	8/6/2024	MMH/MH/RECH202403020	CARD	Advance Amount	20,000.00
3	8/11/2024	MMH/MH/REDH202417539	CHEQUE	Collected Amount	4,308.00
4	8/11/2024	MMH/MH/REDH202417540	CARD	Collected Amount	63,497.00