

IN PATIENT SUMMARY BILL

UHID : MH30232

IP No : IP2024000778

Patient name : Mrs.KASTHURI THILAGAM R

Age : 76 Y 0 M 0 D/Female

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202400844

Bill Date : 18/04/2024

DOA : 3/4/2024 4:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 57,750.00
4	DIET CHARGES	₹ 3,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 11,250.00
6	EQUIPMENT	₹ 1,000.00
7	INJECTION CHARGES	₹ 1,160.00
8	LABORATORY	₹ 16,238.00
9	NURSING CHARGE	₹ 12,000.00
10	OPERATION THEATRE CHARGES	₹ 30,700.00
11	PHYSIOTHERAPY	₹ 9,000.00
12	PROFESSIONAL TEAM FEES	₹ 87,000.00
13	RADIOLOGY	₹ 4,620.00
Gross Amount		₹ 234,968.00
Net Payable		₹ 234,968.00
Advance Amount		₹ 155,000.00
Received Amount		₹ 79,968.00

Received Amount in Words : Two Lakh Thirty-Four Thousand Nine Hundred Sixty-Eight Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	30,000.00
2	08/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	50,000.00
3	13/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	25,000.00
4	15/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	35,000.00
5	16/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	15,000.00
6	18/04/2024	MMH/MH/REDH2024082	CARD	Collected Amount	79,968.00