

IN PATIENT SUMMARY BILL

UHID : MH32079  
IP No : IP2024000623  
Patient name : Mrs.PADMINI  
Age : 63 Y 4 M 0 D/Female

Bill No : MMH/MH/IP202400629  
Bill Date : 25/03/2024  
DOA : 15/3/2024 10:53AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 43,550.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
4	EQUIPMENT	₹ 59,050.00
5	GENERAL PROCEDURE	₹ 500.00
6	INTENSIVIST CHARGES	₹ 15,000.00
7	LABORATORY	₹ 54,570.00
8	NURSING CHARGE	₹ 20,400.00
9	PHYSIOTHERAPY	₹ 6,500.00
10	PROFESSIONAL TEAM FEES	₹ 22,500.00
11	RADIOLOGY	₹ 7,150.00
Gross Amount		₹ 233,695.00
Net Payable		₹ 233,695.00
Advance Amount		₹ 190,000.00
Received Amount		₹ 43,695.00

Received Amount in Words : Two Lakh Thirty-Three Thousand Six Hundred  
Ninety-Five Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/03/2024	MMH/MH/RECH2024009	CASH	Advance Amount	10,000.00
2	15/03/2024	MMH/MH/RECH2024009	CASH	Advance Amount	10,000.00
3	16/03/2024	MMH/MH/RECH2024009	CASH	Advance Amount	50,000.00
4	17/03/2024	MMH/MH/RECH2024009	CARD	Advance Amount	30,000.00
5	19/03/2024	MMH/MH/RECH2024009	CARD	Advance Amount	40,000.00
6	23/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	50,000.00
7	25/03/2024	MMH/MH/REDH2024064	CHEQUE	Collected Amount	4,422.00
8	25/03/2024	MMH/MH/REDH2024064	CARD	Collected Amount	39,273.00