

IN PATIENT SUMMARY BILL

UHID : MH32347

IP No : IP2024001814

Patient name : Mrs.PARIMALA N.S

Age : 72 Y 2 M 11 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401756

Bill Date : 16/08/2024

DOA : 14/8/2024 12:59PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 17,475.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 4,000.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	INTERVENTIONAL PROCEDURE (CARDIOLOGY)	₹ 25,000.00
8	LABORATORY	₹ 20,444.00
9	NURSING CHARGE	₹ 4,800.00
10	PROFESSIONAL TEAM FEES	₹ 4,000.00
11	RADIOLOGY	₹ 3,200.00
12	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 88,019.00
Net Payable		₹ 88,019.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 8,019.00

Received Amount in Words : Eighty-Eight Thousand Nineteen Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/14/2024	MMH/MH/RECH202403133	CASH	Advance Amount	5,000.00
2	8/14/2024	MMH/MH/RECH202403138	CARD	Advance Amount	25,000.00
3	8/15/2024	MMH/MH/RECH202403146	UPI	Advance Amount	20,000.00
4	8/15/2024	MMH/MH/RECH202403147	CARD	Advance Amount	30,000.00
5	8/16/2024	MMH/MH/REDH202417933	CHEQUE	Collected Amount	5,805.00
6	8/16/2024	MMH/MH/REDH202417934	UPI	Collected Amount	2,214.00