

IN PATIENT SUMMARY BILL

UHID : MH33984

IP No : IP2024000021

Patient name : Mrs.LEELAMANI DEVARAJAN

Age : 83 Y 10 M 29 D/Female

Bill No : MMH/MH/IP202400078

Bill Date : 10/01/2024

DOA : 3/1/2024 8:17PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 37,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	EQUIPMENT	₹ 39,200.00
5	INTENSIVIST CHARGES	₹ 9,000.00
6	LABORATORY	₹ 30,254.00
7	NURSING CHARGE	₹ 9,000.00
8	PHYSIOTHERAPY	₹ 3,400.00
9	PROFESSIONAL TEAM FEES	₹ 14,500.00
10	RADIOLOGY	₹ 9,950.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 158,354.00
Net Payable		₹ 158,354.00
Advance Amount		₹ 158,354.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Fifty-Eight Thousand Three Hundred Fifty-Four Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/MH/RECH20240007	CARD	Advance Amount	10,000.00
2	05/01/2024	MMH/MH/RECH20240007	CARD	Advance Amount	25,000.00
3	08/01/2024	MMH/MH/RECH20240017	CARD	Advance Amount	60,000.00
4	10/01/2024	MMH/MH/RECH20240017	CARD	Advance Amount	63,354.00