

IN PATIENT SUMMARY BILL

UHID : MH39931

IP No : IP2024001194

Patient name : Mrs.ALAMELU N

Age : 79 Y 1 M 22 D/Female

Bill No : MMH/MH/IP202401164

Bill Date : 30/05/2024

DOA : 27/5/2024 5:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,500.00
3	DIET CHARGES	₹ 2,000.00
4	EQUIPMENT	₹ 6,000.00
5	INTENSIVIST CHARGES	₹ 9,000.00
6	LABORATORY	₹ 15,865.00
7	NURSING CHARGE	₹ 6,000.00
8	PHYSIOTHERAPY	₹ 1,400.00
9	PROFESSIONAL TEAM FEES	₹ 13,000.00
10	RADIOLOGY	₹ 16,000.00

Gross Amount₹ 92,115.00

Net Payable₹ 92,115.00

Advance Amount₹ 70,000.00

Received Amount₹ 22,115.00

Received Amount in Words : Ninety-Two Thousand One Hundred Fifteen Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	30,000.00
2	29/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	40,000.00
3	30/05/2024	MMH/MH/REDH2024115	CARD	Collected Amount	22,115.00