

IN PATIENT SUMMARY BILL

UHID : MH42120

IP No : IP2024000407

Patient name : Ms.JAYALAKSHMI A

Age : 76 Y 0 M 20 D/Female

Bill No : MMH/MH/IP202400469

Bill Date : 01/03/2024

DOA : 21/2/2024 6:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 62,400.00
3	BLOOD COMPONENTS	₹ 1,550.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 61,550.00
6	INTENSIVIST CHARGES	₹ 21,000.00
7	LABORATORY	₹ 59,764.00
8	NURSING CHARGE	₹ 15,600.00
9	PHYSIOTHERAPY	₹ 2,800.00
10	PROFESSIONAL TEAM FEES	₹ 42,286.00
11	RADIOLOGY	₹ 24,200.00
12	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 295,000.00
Net Payable		₹ 295,000.00
Advance Amount		₹ 331,964.00
Received Amount		₹ 0.00
Refund Amount		₹ 36,964.00

Received Amount in Words : Three Lakh Thirty-One Thousand Nine Hundred Sixty-Four Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/02/2024	MMH/MH/RECH2024006	CASH	Advance Amount	40,000.00
2	22/02/2024	MMH/MH/RECH2024006	CARD	Advance Amount	50,000.00
3	24/02/2024	MMH/MH/RECH2024006	CARD	Advance Amount	30,000.00
4	26/02/2024	MMH/MH/RECH2024007	CARD	Advance Amount	75,000.00
5	27/02/2024	MMH/MH/RECH2024007	CARD	Advance Amount	50,000.00
6	29/02/2024	MMH/MH/RECH2024007	CARD	Advance Amount	50,000.00
7	01/03/2024	MMH/MH/RECH2024007	CHEQUE	Advance Amount	36,964.00