

IN PATIENT SUMMARY BILL

UHID : MH42667

IP No : IP2024000919

Patient name : Mrs.PARVATHY S

Age : 62 Y 0 M 4 D/Female

Bill No : MMH/MH/IP202400944

Bill Date : 02/05/2024

DOA : 21/4/2024 4:28PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,950.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 54,750.00
4	BLOOD COMPONENTS	₹ 2,550.00
5	DIET CHARGES	₹ 6,600.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 7,500.00
7	EQUIPMENT	₹ 7,000.00
8	GENERAL PROCEDURE	₹ 1,650.00
9	INJECTION CHARGES	₹ 680.00
10	INTENSIVIST CHARGES	₹ 4,500.00
11	LABORATORY	₹ 29,783.00
12	NURSING CHARGE	₹ 11,000.00
13	OPERATION THEATRE CHARGES	₹ 53,700.00
14	PHYSIOTHERAPY	₹ 3,800.00
15	PROFESSIONAL TEAM FEES	₹ 120,500.00
16	RADIOLOGY	₹ 8,000.00
Gross Amount		₹ 317,313.00
Discount Amount		₹ 52,313.00
Net Payable		₹ 265,000.00
Advance Amount		₹ 215,000.00
Received Amount		₹ 50,000.00

Received Amount in Words : Two Lakh Sixty-Five Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	25,000.00
2	24/04/2024	MMH/MH/RECH2024014	UPI	Advance Amount	40,000.00
3	25/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	50,000.00
4	28/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	50,000.00
5	30/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	50,000.00
6	02/05/2024	MMH/MH/REDH2024092	CARD	Collected Amount	50,000.00