

IN PATIENT SUMMARY BILL

UHID : MH44416

IP No : IP2024001449

Patient name : Mrs.BANU

Age : 59 Y 0 M 3 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401417

Bill Date : 01/07/2024

DOA : 28/6/2024 1:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,500.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIALYSIS / DIALYZER	₹ 24,300.00
5	EQUIPMENT	₹ 102,400.00
6	GENERAL PROCEDURE	₹ 22,500.00
7	INJECTION CHARGES	₹ 6,200.00
8	INTENSIVIST CHARGES	₹ 9,000.00
9	LABORATORY	₹ 69,750.00
10	NURSING CHARGE	₹ 6,000.00
11	PHYSIOTHERAPY	₹ 1,400.00
12	PROFESSIONAL TEAM FEES	₹ 33,000.00
13	RADIOLOGY	₹ 30,050.00
Gross Amount		₹ 330,000.00
Net Payable		₹ 330,000.00
Advance Amount		₹ 230,000.00
Received Amount		₹ 100,000.00

Received Amount in Words : Three Lakh Thirty Thousand Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/28/2024	MMH/MH/RECH202402398	CARD	Advance Amount	30,000.00
2	6/29/2024	MMH/MH/RECH202402426	CASH	Advance Amount	100,000.00
3	6/30/2024	MMH/MH/RECH202402438	CASH	Advance Amount	100,000.00
4	7/1/2024	MMH/MH/REDH202414114	CASH	Collected Amount	100,000.00