

IN PATIENT SUMMARY BILL

UHID : MH50543

IP No : IP2024001650

Patient name : Mrs.RADHA

Age : 76 Y 6 M 15 D/Female

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202401612

Bill Date : 27/07/2024

DOA : 22/7/2024 9:28PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,750.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	GENERAL PROCEDURE	₹ 2,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 17,787.00
8	NURSING CHARGE	₹ 4,000.00
9	OPERATION THEATRE CHARGES	₹ 13,350.00
10	PHARMACY CHARGE	₹ 51,207.00
11	PHYSIOTHERAPY	₹ 3,600.00
12	PROFESSIONAL TEAM FEES	₹ 52,500.00
13	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 166,994.00
Net Payable		₹ 166,994.00
Advance Amount		₹ 150,000.00
Received Amount		₹ 16,994.00

Received Amount in Words : One Lakh Sixty-Six Thousand Nine Hundred Ninety-Four Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/22/2024	MMH/MH/RECH202402793	UPI	Advance Amount	50,000.00
2	7/23/2024	MMH/MH/RECH202402799	UPI	Advance Amount	50,000.00
3	7/23/2024	MMH/MH/RECH202402807	UPI	Advance Amount	50,000.00
4	7/27/2024	MMH/MH/REDH202416409	UPI	Collected Amount	16,994.00