

IN PATIENT SUMMARY BILL

UHID : MH52223

IP No : IP2024001157

Patient name : Mrs.MEERA N

Age : 65 Y 0 M 4 D/Female

Consultant Name : Dr.VIGNESHWARAN P

Bill No : MMH/MH/IP202401132

Bill Date : 26/05/2024

DOA : 22/5/2024 12:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,400.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 3,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	GENERAL PROCEDURE	₹ 1,450.00
7	INJECTION CHARGES	₹ 600.00
8	LABORATORY	₹ 3,077.00
9	NURSING CHARGE	₹ 3,200.00
10	OPERATION THEATRE CHARGES	₹ 26,672.00
11	PHYSIOTHERAPY	₹ 1,200.00
12	PROFESSIONAL TEAM FEES	₹ 77,000.00
13	RADIOLOGY	₹ 4,501.00
Gross Amount		₹ 131,000.00
Net Payable		₹ 131,000.00
Advance Amount		₹ 115,000.00
Received Amount		₹ 16,000.00

Received Amount in Words : One Lakh Thirty-One Thousand Only

SATHISH KUMAR.S  
Authorised Signature

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	30,000.00
2	24/05/2024	MMH/MH/RECH2024018	CASH	Advance Amount	85,000.00
3	26/05/2024	MMH/MH/REDH2024112	CASH	Collected Amount	16,000.00