

IN PATIENT SUMMARY BILL

UHID : MHI202373675

IP No : IP2024001541

Patient name : Mrs.GOWRI.D

Age : 72 Y 8 M 11 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401470

Bill Date : 11/07/2024

DOA : 9/7/2024 11:39PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,000.00
3	DIET CHARGES	₹ 1,000.00
4	EQUIPMENT	₹ 14,250.00
5	INTENSIVIST CHARGES	₹ 6,000.00
6	LABORATORY	₹ 33,289.00
7	NURSING CHARGE	₹ 4,000.00
8	PHYSIOTHERAPY	₹ 1,400.00
9	PROFESSIONAL TEAM FEES	₹ 14,500.00
10	PULMONOLOGIST	₹ 2,000.00
11	RADIOLOGY	₹ 3,150.00
Gross Amount		₹ 94,939.00
Net Payable		₹ 94,939.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 14,939.00

Received Amount in Words : Ninety-Four Thousand Nine Hundred Thirty-Nine Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/9/2024	MMH/MH/RECH202402564	CARD	Advance Amount	30,000.00
2	7/11/2024	MMH/MH/RECH202402587	CASH	Advance Amount	50,000.00
3	7/11/2024	MMH/MH/REDH202415064	CHEQUE	Collected Amount	6,293.00
4	7/11/2024	MMH/MH/REDH202415065	CARD	Collected Amount	8,646.00