

IN PATIENT SUMMARY BILL

UHID : MHI202374503

IP No : IP2024001000

Patient name : Mrs.ARAFATH NISHA T

Age : 50 Y 0 M 5 D/Female

Consultant Name : Dr.CM THIAGARAJAN

Bill No : MMH/MH/IP202400974

Bill Date : 06/05/2024

DOA : 1/5/2024 12:20PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 30,075.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 24,700.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 27,610.00
9	NURSING CHARGE	₹ 6,800.00
10	PHYSIOTHERAPY	₹ 1,400.00
11	PROFESSIONAL TEAM FEES	₹ 12,000.00
12	RADIOLOGY	₹ 1,870.00
Gross Amount		₹ 116,930.00
Net Payable		₹ 116,930.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 106,930.00

Received Amount in Words : One Lakh Sixteen Thousand Nine Hundred Thirty Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/05/2024	MMH/MH/RECH20240158	CARD	Advance Amount	10,000.00
2	06/05/2024	MMH/MH/REDH2024095	UPI	Collected Amount	99,430.00
3	06/05/2024	MMH/MH/REDH2024095	CASH	Collected Amount	7,500.00