## IN PATIENT SUMMARY BILL

UHID : MMH202370868 : MMH/MH/IP202401913 Bill No

: IP2024001962 : 06/09/2024 IP No Bill Date

Patient name : Mrs.VASANTHA R : 3/9/2024 7:55AM DOA

: 80 Y 2 M 27 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.T.PALANIAPPAN

S.	No Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,700.00
3	B DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	5 EQUIPMENT	₹ 18,000.00
6	5 INJECTION CHARGES	₹ 200.00
7	INTENSIVIST CHARGES	₹ 7,500.00
8	3 LABORATORY	₹ 32,648.00
9	NURSING CHARGE	₹ 5,800.00
10	0 PHYSIOTHERAPY	₹ 2,100.00
11	1 PROFESSIONAL TEAM FEES	₹ 12,000.00
12	2 RADIOLOGY	₹ 10,550.00
	Gross Amount	₹ 115,598.00
	Net Payable	₹ 115,598.00

**Advance Amount** ₹ 30,000.00 **Received Amount** ₹ 85,598.00

**Received Amount in Words** : One Lakh Fifteen Thousand Five Hundred Ninety-Eight **SUDHA** 

**Authorised Signature** 

## **Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/6/2024	MMH/MH/REDH202419590	UPI	Collected Amount	45,598.00
2	9/3/2024	MMH/MH/RECH202403400	CARD	Advance Amount	30,000.00
3	9/6/2024	MMH/MH/REDH202419589	CARD	Collected Amount	40,000.00