

IN PATIENT SUMMARY BILL

UHID : MMH202370892

IP No : IP2024001985

Patient name : Mrs.VASANTHI SELLAPPAN

Age : 52 Y 3 M 1 D/Female

Bill No : MMH/MH/IP202401982

Bill Date : 16/09/2024

DOA : 5/9/2024 7:57PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 108,000.00
3	DIALYSIS / DIALYZER	₹ 20,100.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
6	EQUIPMENT	₹ 46,500.00
7	INJECTION CHARGES	₹ 2,600.00
8	INTENSIVIST CHARGES	₹ 18,000.00
9	LABORATORY	₹ 77,657.00
10	MISCELLANEOUS	₹ 500.00
11	NURSING CHARGE	₹ 16,800.00
12	OPERATION THEATRE CHARGES	₹ 34,262.00
13	PHYSIOTHERAPY	₹ 5,600.00
14	PROCEDURE CHARGES	₹ 2,500.00
15	PROFESSIONAL TEAM FEES	₹ 136,500.00
16	RADIOLOGY	₹ 16,150.00
Tax Amount : 3,150.00		
Gross Amount		₹ 494,169.00
Net Payable		₹ 494,169.00
Advance Amount		₹ 484,384.00
Received Amount		₹ 9,785.00

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

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/16/2024	MMH/MH/REDH202420343	CHEQUE	Collected Amount	9,785.00
2	9/5/2024	MMH/MH/RECH202403446	CARD	Advance Amount	30,000.00
3	9/8/2024	MMH/MH/RECH202403480	CARD	Advance Amount	50,000.00
4	9/9/2024	MMH/MH/RECH202403488	CARD	Advance Amount	50,000.00
5	9/11/2024	MMH/MH/RECH202403529	CARD	Advance Amount	50,000.00
6	9/16/2024	MMH/MH/RECH202403608	CARD	Advance Amount	90,000.00
7	9/16/2024	MMH/MH/RECH202403609	CARD	Advance Amount	64,384.00
8	9/15/2024	MMH/MH/RECH202403590	CASH	Advance Amount	50,000.00
9	9/16/2024	MMH/MH/RECH202403607	CASH	Advance Amount	100,000.00

S.No	Description	Amount
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