

IN PATIENT SUMMARY BILL

UHID : MMH202371254
IP No : IP2023002766
Patient name : Mrs.DHANALAKSHMI
Age : 44 Y 1 M 0 D/Female

Bill No : MMH/MH/IP00213
Bill Date : 23/12/2023
DOA : 20/12/2023 1:36AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ARUN RAMANAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 26,250.00
3	BLOOD COMPONENTS	₹ 27,400.00
4	EQUIPMENT	₹ 56,750.00
5	GENERAL PROCEDURE	₹ 10,500.00
6	INTENSIVIST CHARGES	₹ 10,500.00
7	LABORATORY	₹ 22,091.00
8	NURSING CHARGE	₹ 7,000.00
9	PHYSIOTHERAPY	₹ 1,400.00
10	PROFESSIONAL TEAM FEES	₹ 27,000.00
11	RADIOLOGY	₹ 12,800.00
12	ULTRASOUND	₹ 2,000.00

Gross Amount ₹ **204,041.00**

Net Payable ₹ **204,041.00**

Advance Amount ₹ **110,000.00**

Received Amount ₹ **94,041.00**

Received Amount in Words : Two Lakh Four Thousand Forty-One Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/MH/RECH00404	CASH	Advance Amount	50,000.00
2	21/12/2023	MMH/MH/RECH00426	CARD	Advance Amount	60,000.00
3	23/12/2023	MMH/MH/REDH02223	CHEQUE	Collected Amount	18,482.00
4	23/12/2023	MMH/MH/REDH02224	CARD	Collected Amount	75,559.00