IN PATIENT SUMMARY BILL

: MMH/MH/IP00154 : MMH202371705 UHID Bill No

: IP2023002667 : 16/12/2023 IP No Bill Date

: Mr.GOPAL REDDY M DOA Patient name : 7/12/2023 1:57PM

: 75 Y 5 M 0 D/Male DOD Age

: CASH Entity Type

Entity Name : CASH

Consultant Name · Dr.T.PALANIAPPAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	32,200.00
3	DUTY MEDICAL OFFICER CHARGE		₹	1,400.00
4	EQUIPMENT		₹	19,600.00
5	GENERAL PROCEDURE		₹	1,000.00
6	INTENSIVIST CHARGES		₹	12,000.00
7	LABORATORY		₹	13,393.00
8	NURSING CHARGE		₹	9,500.00
9	PHYSIOTHERAPY		₹	6,400.00
10	PROFESSIONAL TEAM FEES		₹	12,000.00
11	RADIOLOGY		₹	6,400.00
12	TRANSPORT		₹	800.00
		Gross Amount	₹	115 043 00

Gross Amount ₹ **Discount Amount** 15,880.00 Net Payable 99,163.00 **Advance Amount** 99,163.00 ₹ **Received Amount** 0.00

: Ninety-Nine Thousand One Hundred DINESH **Received Amount in Words** Sixty-Three Only

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					