

IN PATIENT SUMMARY BILL

UHID : MMH202371929
IP No : IP2023002711
Patient name : Mrs.MANGALAM P
Age : 81 Y 5 M 7 D/Female

Bill No : MMH/MH/IP00151
Bill Date : 16/12/2023
DOA : 12/12/2023 8:43PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

| S.No | Description | Amount |
|------------------------|-----------------------------|---------------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 23,400.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,400.00 |
| 4 | EQUIPMENT | ₹ 12,200.00 |
| 5 | GENERAL PROCEDURE | ₹ 500.00 |
| 6 | INTENSIVIST CHARGES | ₹ 6,000.00 |
| 7 | LABORATORY | ₹ 28,546.00 |
| 8 | NURSING CHARGE | ₹ 9,500.00 |
| 9 | PHYSIOTHERAPY | ₹ 3,800.00 |
| 10 | PROFESSIONAL TEAM FEES | ₹ 4,000.00 |
| 11 | RADIOLOGY | ₹ 4,900.00 |
| 12 | TRANSPORT | ₹ 2,000.00 |
| Gross Amount | | ₹ 96,596.00 |
| Net Payable | | ₹ 96,596.00 |
| Advance Amount | | ₹ 115,312.00 |
| Received Amount | | ₹ 0.00 |
| Refund Amount | | ₹ 18,716.00 |

Received Amount in Words : One Lakh Fifteen Thousand Three Hundred
Twelve Only

KARTHIK C
Authorised Signature

Payment History

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