

IN PATIENT SUMMARY BILL

UHID : MMH202371970

IP No : IP2024001524

Patient name : Mrs.YAMUNA S

Age : 90 Y 8 M 11 D/Female

Bill No : MMH/MH/IP202401506

Bill Date : 15/07/2024

DOA : 8/7/2024 10:44AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,950.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 44,225.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
5	EQUIPMENT	₹ 58,100.00
6	GENERAL PROCEDURE	₹ 2,500.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 56,796.00
9	NURSING CHARGE	₹ 9,600.00
10	PHYSIOTHERAPY	₹ 2,800.00
11	PROFESSIONAL TEAM FEES	₹ 49,000.00
12	PULMONOLOGIST	₹ 2,000.00
13	RADIOLOGY	₹ 6,500.00
Gross Amount		₹ 249,196.00
Net Payable		₹ 249,196.00
Advance Amount		₹ 170,000.00
Received Amount		₹ 79,196.00

Received Amount in Words : Two Lakh Forty-Nine Thousand One Hundred Ninety-Six Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/12/2024	MMH/MH/RECH202402610	CASH	Advance Amount	50,000.00
2	7/12/2024	MMH/MH/RECH202402612	CARD	Advance Amount	10,000.00
3	7/14/2024	MMH/MH/RECH202402643	CARD	Advance Amount	50,000.00
4	7/15/2024	MMH/MH/RECH202402659	CASH	Advance Amount	50,000.00
5	7/8/2024	MMH/MH/RECH202402664	CARD	Advance Amount	10,000.00
6	7/15/2024	MMH/MH/REDH202415401	CASH	Collected Amount	50,000.00
7	7/15/2024	MMH/MH/REDH202415402	CHEQUE	Collected Amount	4,792.00
8	7/15/2024	MMH/MH/REDH202415403	CARD	Collected Amount	24,404.00