

IN PATIENT SUMMARY BILL

UHID : MHI202381320
IP No : IP2023002736
Patient name : Mrs.RAJATHI KAMARAJ
Age : 72 Y 1 M 17 D/Female

Bill No : MMH/MH/IP00216
Bill Date : 23/12/2023
DOA : 16/12/2023 8:21AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.SENTHIL KUMAR P

| S.No | Description | Amount |
|------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 31,500.00 |
| 3 | BLOOD COMPONENTS | ₹ 10,200.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 5,250.00 |
| 5 | GENERAL PROCEDURE | ₹ 1,450.00 |
| 6 | INJECTION CHARGES | ₹ 800.00 |
| 7 | LABORATORY | ₹ 6,996.00 |
| 8 | NURSING CHARGE | ₹ 5,625.00 |
| 9 | OPERATION THEATRE CHARGES | ₹ 16,350.00 |
| 10 | PHYSIOTHERAPY | ₹ 4,800.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 57,000.00 |

Gross Amount ₹ **140,321.00**

Net Payable ₹ **140,321.00**

Advance Amount ₹ **50,000.00**

Received Amount ₹ **90,321.00**

Received Amount in Words : One Lakh Forty Thousand Three Hundred
Twenty-One Only

DINESH
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|------------------|--------------|------------------|-----------------|
| 1 | 16/12/2023 | MMH/MH/RECH00354 | CARD | Advance Amount | 50,000.00 |
| 2 | 23/12/2023 | MMH/MH/REDH02251 | CHEQUE | Collected Amount | 3,213.00 |
| 3 | 23/12/2023 | MMH/MH/REDH02252 | CARD | Collected Amount | 87,108.00 |