

IN PATIENT SUMMARY BILL

UHID : MMH202372029

IP No : IP2024000013

Patient name : Mrs.LEELAVATHI GORE

Age : 86 Y 10 M 21 D/Female

Bill No : MMH/MH/IP202400035

Bill Date : 06/01/2024

DOA : 2/1/2024 1:12PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,275.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,450.00
4	EQUIPMENT	₹ 4,000.00
5	GENERAL PROCEDURE	₹ 1,000.00
6	INJECTION CHARGES	₹ 200.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 8,359.00
9	NURSING CHARGE	₹ 7,225.00
10	OPERATION THEATRE CHARGES	₹ 32,850.00
11	PHYSIOTHERAPY	₹ 4,400.00
12	PROFESSIONAL TEAM FEES	₹ 70,500.00
13	RADIOLOGY	₹ 3,600.00
Gross Amount		₹ 162,209.00
Net Payable		₹ 162,209.00
Advance Amount		₹ 130,000.00
Received Amount		₹ 32,209.00

Received Amount in Words : One Lakh Sixty-Two Thousand Two Hundred Nine Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	40,000.00
2	03/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	40,000.00
3	03/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	50,000.00
4	06/01/2024	MMH/MH/REDH2024004	CARD	Collected Amount	32,209.00