

IN PATIENT SUMMARY BILL

UHID : MMH202372335
IP No : IP2023002779
Patient name : Mrs.JAYANTHI.B
Age : 65 Y 0 M 9 D/Female

Bill No : MMH/MH/IP00268
Bill Date : 30/12/2023
DOA : 21/12/2023 10:15PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

| S.No | Description | Amount |
|------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 41,900.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,800.00 |
| 4 | EQUIPMENT | ₹ 70,250.00 |
| 5 | GENERAL PROCEDURE | ₹ 500.00 |
| 6 | INTENSIVIST CHARGES | ₹ 15,000.00 |
| 7 | LABORATORY | ₹ 34,718.00 |
| 8 | NURSING CHARGE | ₹ 13,000.00 |
| 9 | PHYSIOTHERAPY | ₹ 6,600.00 |
| 10 | PROFESSIONAL TEAM FEES | ₹ 17,500.00 |
| 11 | PULMONOLOGIST | ₹ 1,500.00 |
| 12 | RADIOLOGY | ₹ 12,050.00 |
| 13 | TRANSPORT | ₹ 800.00 |
| 14 | ULTRASOUND | ₹ 2,000.00 |

Gross Amount ₹ **218,968.00**
Net Payable ₹ **218,968.00**
Advance Amount ₹ **135,000.00**
Received Amount ₹ **83,968.00**

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

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|------------------|--------------|------------------|-----------------|
| 1 | 21/12/2023 | MMH/MH/RECH00434 | CARD | Advance Amount | 50,000.00 |
| 2 | 23/12/2023 | MMH/MH/RECH00456 | UPI | Advance Amount | 40,000.00 |
| 3 | 26/12/2023 | MMH/MH/RECH00488 | UPI | Advance Amount | 45,000.00 |
| 4 | 30/12/2023 | MMH/MH/REDH02812 | CHEQUE | Collected Amount | 2,233.00 |
| 5 | 30/12/2023 | MMH/MH/REDH02813 | UPI | Collected Amount | 81,735.00 |