

IN PATIENT SUMMARY BILL

UHID : MMH202472767

IP No : IP2024000045

Patient name : Mrs.CHITHRA D

Age : 71 Y 11 M 23 D/Female

Bill No : MMH/MH/IP202400086

Bill Date : 11/01/2024

DOA : 5/1/2024 6:36PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 30,250.00
3	DIET CHARGES	₹ 1,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,200.00
5	EQUIPMENT	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 450.00
7	LABORATORY	₹ 5,500.00
8	NURSING CHARGE	₹ 4,500.00
9	OPERATION THEATRE CHARGES	₹ 28,450.00
10	PHYSIOTHERAPY	₹ 2,800.00
11	PROFESSIONAL TEAM FEES	₹ 64,000.00
12	RADIOLOGY	₹ 1,710.00
13	SURGICAL PACKAGE-HEART	₹ 6,420.00
14	ULTRASOUND	₹ 2,000.00
Tax Amount : 825.00		
Gross Amount		₹ 154,555.00
Net Payable		₹ 154,555.00
Advance Amount		₹ 154,555.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Fifty-Four Thousand Five Hundred Fifty-Five Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/MH/RECH20240000	CASH	Advance Amount	10,000.00
2	06/01/2024	MMH/MH/RECH20240000	CASH	Advance Amount	50,000.00
3	11/01/2024	MMH/MH/RECH20240010	CASH	Advance Amount	94,555.00