

IN PATIENT SUMMARY BILL

UHID : MMH202473043

IP No : IP2024001023

Patient name : Mrs.PINKY JAIN

Age : 43 Y 9 M 8 D/Female

Bill No : MMH/MH/IP202400960

Bill Date : 05/05/2024

DOA : 3/5/2024 4:56PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VENKATACHALAM VEERAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 17,100.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 18,150.00
10	PROFESSIONAL TEAM FEES	₹ 83,000.00
11	RADIOLOGY	₹ 14,500.00
Gross Amount		₹ 147,800.00
Net Payable		₹ 147,800.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 117,800.00

Received Amount in Words : One Lakh Forty-Seven Thousand Eight Hundred Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	30,000.00
2	05/05/2024	MMH/MH/REDH2024094	CHEQUE	Collected Amount	1,311.00
3	05/05/2024	MMH/MH/REDH2024094	CASH	Collected Amount	116,489.00