

IN PATIENT SUMMARY BILL

UHID : MMH202473316 Bill No : MMH/MH/IP202400253
 IP No : IP2024000199 Bill Date : 03/02/2024
 Patient name : Mrs.POONGOTHAI.M DOA : 27/1/2024 12:45AM
 Age : 65 Y 8 M 3 D/Female DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 40,800.00
3	BLOOD COMPONENTS	₹ 1,550.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
6	EQUIPMENT	₹ 34,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 15,000.00
9	LABORATORY	₹ 23,983.00
10	NURSING CHARGE	₹ 12,400.00
11	PHYSIOTHERAPY	₹ 3,500.00
12	PROFESSIONAL TEAM FEES	₹ 23,500.00
13	RADIOLOGY	₹ 9,800.00
		₹ 168,133.00
		₹ 168,133.00
		₹ 140,000.00
		₹ 28,133.00

Received Amount in Words : One Lakh Sixty-Eight Thousand One Hundred
 Thirty-Three Only DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/01/2024	MMH/MH/RECH20240030	CASH	Advance Amount	40,000.00
2	29/01/2024	MMH/MH/RECH20240031	CASH	Advance Amount	30,000.00
3	30/01/2024	MMH/MH/RECH20240032	CASH	Advance Amount	30,000.00
4	01/02/2024	MMH/MH/RECH20240033	CASH	Advance Amount	40,000.00
5	03/02/2024	MMH/MH/REDH20240251	CASH	Collected Amount	20,000.00
6	03/02/2024	MMH/MH/REDH20240252	CARD	Collected Amount	8,133.00