

IN PATIENT SUMMARY BILL

UHID : MHP202400446

IP No : IP2024000876

Patient name : Mrs.RAMBAI

Age : 76 Y 2 M 4 D/Female

Bill No : MMH/MH/IP202400842

Bill Date : 18/04/2024

DOA : 15/4/2024 12:44PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RENGAN.R.S

S.No	Description	Amount
1	ACCOMMODATION	₹ 1,100.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 9,700.00
4	DIET CHARGES	₹ 2,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	EQUIPMENT	₹ 16,400.00
7	GENERAL PROCEDURE	₹ 950.00
8	INJECTION CHARGES	₹ 200.00
9	INTENSIVIST CHARGES	₹ 3,000.00
10	LABORATORY	₹ 8,446.00
11	NURSING CHARGE	₹ 3,600.00
12	OPERATION THEATRE CHARGES	₹ 15,050.00
13	PHYSIOTHERAPY	₹ 700.00
14	PROFESSIONAL TEAM FEES	₹ 23,500.00
15	RADIOLOGY	₹ 400.00
Gross Amount		₹ 87,196.00
Net Payable		₹ 87,196.00
Advance Amount		₹ 85,000.00
Received Amount		₹ 2,196.00

Received Amount in Words : Eighty-Seven Thousand One Hundred Ninety-Six Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/04/2024	MMH/MH/RECH2024013	CHEQUE	Advance Amount	50,000.00
2	17/04/2024	MMH/MH/RECH2024014	CASH	Advance Amount	35,000.00
3	18/04/2024	MMH/MH/REDH2024081	UPI	Collected Amount	2,196.00