

IN PATIENT SUMMARY BILL

UHID : MMH202474071

IP No : IP2024000430

Patient name : Mrs.JAYAPARVATHY

Age : 82 Y 11 M 29 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400426

Bill Date : 25/02/2024

DOA : 25/2/2024 7:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	DIALYSIS / DIALYZER	₹ 10,000.00
4	EQUIPMENT	₹ 21,000.00
5	GENERAL PROCEDURE	₹ 15,500.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 36,007.00
8	NURSING CHARGE	₹ 2,000.00
9	PROFESSIONAL TEAM FEES	₹ 17,000.00
10	RADIOLOGY	₹ 15,850.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 130,207.00
Net Payable		₹ 130,207.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 80,207.00

Received Amount in Words : One Lakh Thirty Thousand Two Hundred Seven Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/02/2024	MMH/MH/RECH20240070	CARD	Advance Amount	50,000.00
2	25/02/2024	MMH/MH/REDH20240410	CARD	Collected Amount	80,207.00