

IN PATIENT SUMMARY BILL

UHID : MMH202474555

IP No : IP2024002023

Patient name : Ms.VEENA RAMACHANDRAN

Age : 40 Y 8 M 16 D/Female

Bill No : MMH/MH/IP202402003

Bill Date : 19/09/2024

DOA : 11/9/2024 5:51PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 49,800.00
3	BLOOD COMPONENTS	₹ 8,750.00
4	DIET CHARGES	₹ 3,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	EQUIPMENT	₹ 6,000.00
7	G.I.PROCEDURE	₹ 15,000.00
8	INJECTION CHARGES	₹ 600.00
9	INTENSIVIST CHARGES	₹ 12,000.00
10	LABORATORY	₹ 67,942.00
11	NURSING CHARGE	₹ 11,200.00
12	OPERATION THEATRE CHARGES	₹ 22,600.00
13	PHYSIOTHERAPY	₹ 700.00
14	PROCEDURE CHARGES	₹ 2,250.00
15	PROFESSIONAL TEAM FEES	₹ 74,408.00
16	RADIOLOGY	₹ 11,900.00
Gross Amount		₹ 290,000.00
Net Payable		₹ 290,000.00
Advance Amount		₹ 290,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Ninety Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/11/2024	MMH/MH/RECH202403532	CARD	Advance Amount	20,000.00
2	9/12/2024	MMH/MH/RECH202403550	CARD	Advance Amount	50,000.00
3	9/13/2024	MMH/MH/RECH202403572	CARD	Advance Amount	80,000.00
4	9/19/2024	MMH/MH/RECH202403658	CARD	Advance Amount	140,000.00