

IN PATIENT SUMMARY BILL

UHID : MMH202474761

IP No : IP2024000790

Patient name : Mrs.LATHA T

Age : 49 Y 9 M 24 D/Female

Bill No : MMH/MH/IP202400766

Bill Date : 09/04/2024

DOA : 4/4/2024 1:17PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUNKUMAR.I

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 13,750.00 |
| 3 | BLOOD COMPONENTS | ₹ 2,550.00 |
| 4 | DIET CHARGES | ₹ 2,000.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 3,750.00 |
| 6 | GENERAL PROCEDURE | ₹ 950.00 |
| 7 | INJECTION CHARGES | ₹ 200.00 |
| 8 | LABORATORY | ₹ 11,895.00 |
| 9 | NURSING CHARGE | ₹ 4,000.00 |
| 10 | OPERATION THEATRE CHARGES | ₹ 21,115.00 |
| 11 | PHYSIOTHERAPY | ₹ 3,600.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 95,000.00 |
| 13 | RADIOLOGY | ₹ 1,610.00 |
| Gross Amount | | ₹ 160,770.00 |
| Net Payable | | ₹ 160,770.00 |
| Advance Amount | | ₹ 50,000.00 |
| Received Amount | | ₹ 110,770.00 |

Received Amount in Words : One Lakh Sixty Thousand Seven Hundred Seventy Only

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1 | 04/04/2024 | MMH/MH/RECH2024012 | CARD | Advance Amount | 50,000.00 |
| 2 | 09/04/2024 | MMH/MH/REDH2024075 | CHEQUE | Collected Amount | 3,470.00 |
| 3 | 09/04/2024 | MMH/MH/REDH2024075 | CARD | Collected Amount | 50,000.00 |
| 4 | 09/04/2024 | MMH/MH/REDH2024075 | UPI | Collected Amount | 57,300.00 |