

IN PATIENT SUMMARY BILL

UHID : MMH202475731

IP No : IP2024000867

Patient name : Mrs.PANJAVARNAM

Age : 87 Y 0 M 5 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400846

Bill Date : 18/04/2024

DOA : 13/4/2024 10:50PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 33,850.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 23,950.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INTENSIVIST CHARGES	₹ 12,000.00
8	LABORATORY	₹ 38,862.00
9	NURSING CHARGE	₹ 8,800.00
10	OPERATION THEATRE CHARGES	₹ 11,500.00
11	PHYSIOTHERAPY	₹ 1,400.00
12	PROFESSIONAL TEAM FEES	₹ 28,500.00
13	RADIOLOGY	₹ 23,800.00
Gross Amount		₹ 187,262.00
Net Payable		₹ 187,262.00
Advance Amount		₹ 140,000.00
Received Amount		₹ 47,262.00

Received Amount in Words : One Lakh Eighty-Seven Thousand Two Hundred Sixty-Two Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/04/2024	MMH/MH/RECH20240130	CASH	Advance Amount	30,000.00
2	15/04/2024	MMH/MH/RECH20240130	CARD	Advance Amount	30,000.00
3	16/04/2024	MMH/MH/RECH20240130	CARD	Advance Amount	30,000.00
4	17/04/2024	MMH/MH/RECH20240140	CARD	Advance Amount	50,000.00
5	18/04/2024	MMH/MH/REDH20240820	CHEQUE	Collected Amount	2,105.00
6	18/04/2024	MMH/MH/REDH20240820	CARD	Collected Amount	45,157.00