

IN PATIENT SUMMARY BILL

UHID : MMH202476048

IP No : IP2024000960

Patient name : Mrs.JAYAMANI U

Age : 32 Y 0 M 11 D/Female

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202400955

Bill Date : 03/05/2024

DOA : 26/4/2024 7:09PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 17,600.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 1,140.00
7	LABORATORY	₹ 7,667.00
8	NURSING CHARGE	₹ 5,600.00
9	OPERATION THEATRE CHARGES	₹ 50,350.00
10	PHYSIOTHERAPY	₹ 7,200.00
11	PROFESSIONAL TEAM FEES	₹ 97,000.00
12	RADIOLOGY	₹ 5,585.00
Gross Amount		₹ 199,192.00
Net Payable		₹ 199,192.00
Advance Amount		₹ 115,000.00
Received Amount		₹ 84,192.00

Received Amount in Words : One Lakh Ninety-Nine Thousand One Hundred Ninety-Two Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/04/2024	MMH/MH/RECH2024015	UPI	Advance Amount	40,000.00
2	01/05/2024	MMH/MH/RECH2024015	UPI	Advance Amount	75,000.00
3	03/05/2024	MMH/MH/REDH2024093	CHEQUE	Collected Amount	1,299.00
4	03/05/2024	MMH/MH/REDH2024093	UPI	Collected Amount	82,893.00