

IN PATIENT SUMMARY BILL

UHID : MMH202476062

IP No : IP2024000932

Patient name : Mrs.UMA LAKSHMANAN

Age : 46 Y 4 M 22 D/Female

Bill No : MMH/MH/IP202400927

Bill Date : 29/04/2024

DOA : 23/4/2024 9:45AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 43,650.00
3	DIALYSIS / DIALYZER	₹ 10,500.00
4	DIET CHARGES	₹ 3,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	EQUIPMENT	₹ 24,550.00
7	GENERAL PROCEDURE	₹ 10,000.00
8	INTENSIVIST CHARGES	₹ 13,500.00
9	LABORATORY	₹ 35,633.00
10	NURSING CHARGE	₹ 10,600.00
11	PHYSIOTHERAPY	₹ 4,200.00
12	PROFESSIONAL TEAM FEES	₹ 25,500.00
13	RADIOLOGY	₹ 7,150.00
14	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 191,633.00
Discount Amount		₹ 12,000.00
Net Payable		₹ 179,633.00
Advance Amount		₹ 179,633.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Seventy-Nine Thousand Six Hundred
Thirty-Three Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	50,000.00
2	25/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	50,000.00
3	28/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	40,000.00
4	29/04/2024	MMH/MH/RECH2024015	CHEQUE	Advance Amount	1,588.00
5	29/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	38,045.00