

IN PATIENT SUMMARY BILL

UHID : MHM202404621

IP No : IP2024000979

Patient name : Mrs.UMA MAHESWARI

Age : 59 Y 9 M 17 D/Female

Bill No : MMH/MH/IP202400990

Bill Date : 07/05/2024

DOA : 29/4/2024 11:10AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 57,350.00
3	DIET CHARGES	₹ 4,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 82,400.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 22,500.00
8	LABORATORY	₹ 68,909.00
9	NURSING CHARGE	₹ 15,800.00
10	PROFESSIONAL TEAM FEES	₹ 35,500.00
11	PULMONOLOGIST	₹ 1,500.00
12	RADIOLOGY	₹ 20,450.00
Gross Amount		₹ 310,509.00
Net Payable		₹ 310,509.00
Advance Amount		₹ 220,000.00
Received Amount		₹ 90,509.00

Received Amount in Words : Three Lakh Ten Thousand Five Hundred Nine Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/04/2024	MMH/MH/RECH2024015	CASH	Advance Amount	40,000.00
2	30/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	50,000.00
3	01/05/2024	MMH/MH/RECH2024015	CARD	Advance Amount	30,000.00
4	04/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	50,000.00
5	06/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	50,000.00
6	07/05/2024	MMH/MH/REDH2024096	CHEQUE	Collected Amount	12,298.00
7	07/05/2024	MMH/MH/REDH2024096	CARD	Collected Amount	78,211.00