

IN PATIENT SUMMARY BILL

UHID : MMH202476365

IP No : IP2024000995

Patient name : Mrs.LAKSHMI.M

Age : 53 Y 0 M 4 D/Female

Bill No : MMH/MH/IP202400956

Bill Date : 04/05/2024

DOA : 30/4/2024 10:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.AYYAPPAN.M.K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,700.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DIET CHARGES	₹ 1,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
6	EQUIPMENT	₹ 13,000.00
7	GENERAL PROCEDURE	₹ 6,450.00
8	INJECTION CHARGES	₹ 200.00
9	INTENSIVIST CHARGES	₹ 1,500.00
10	LABORATORY	₹ 19,454.00
11	NURSING CHARGE	₹ 3,400.00
12	OPERATION THEATRE CHARGES	₹ 31,350.00
13	PROFESSIONAL TEAM FEES	₹ 27,000.00
14	RADIOLOGY	₹ 400.00
Gross Amount		₹ 118,604.00
Net Payable		₹ 118,604.00
Advance Amount		₹ 83,181.00
Received Amount		₹ 35,423.00

Received Amount in Words : One Lakh Eighteen Thousand Six Hundred Four Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/04/2024	MMH/MH/RECH2024015	UPI	Advance Amount	10,000.00
2	02/05/2024	MMH/MH/RECH2024016	UPI	Advance Amount	20,000.00
3	03/05/2024	MMH/MH/RECH2024016	UPI	Advance Amount	50,000.00
4	04/05/2024	MMH/MH/RECH2024016	CHEQUE	Advance Amount	3,181.00
5	04/05/2024	MMH/MH/REDH2024093	CARD	Collected Amount	35,423.00