

IN PATIENT SUMMARY BILL

UHID : MMH202476529

IP No : IP2024001039

Patient name : Mrs.TAMILARASI L

Age : 46 Y 11 M 14 D/Female

Bill No : MMH/MH/IP202401072

Bill Date : 18/05/2024

DOA : 6/5/2024 1:24PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAYAN.J

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,950.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 61,950.00
4	BLOOD COMPONENTS	₹ 6,700.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 8,250.00
6	EQUIPMENT	₹ 9,100.00
7	GENERAL PROCEDURE	₹ 2,900.00
8	INJECTION CHARGES	₹ 200.00
9	INTENSIVIST CHARGES	₹ 3,000.00
10	LABORATORY	₹ 15,680.00
11	NURSING CHARGE	₹ 10,800.00
12	OPERATION THEATRE CHARGES	₹ 30,250.00
13	PHYSIOTHERAPY	₹ 3,200.00
14	PROFESSIONAL TEAM FEES	₹ 99,500.00
15	RADIOLOGY	₹ 3,000.00

Gross Amount₹ 259,830.00

Net Payable₹ 259,830.00

Advance Amount₹ 120,000.00

Received Amount₹ 139,830.00

Received Amount in Words : Two Lakh Fifty-Nine Thousand Eight Hundred Thirty Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/05/2024	MMH/MH/RECH2024016	UPI	Advance Amount	40,000.00
2	10/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	50,000.00
3	11/05/2024	MMH/MH/RECH2024017	CASH	Advance Amount	30,000.00
4	18/05/2024	MMH/MH/REDH2024105	CASH	Collected Amount	139,830.00