

IN PATIENT SUMMARY BILL

UHID : MMH202476826

IP No : IP2024001083

Patient name : Mrs.THERASA SOLOMON

Age : 62 Y 0 M 5 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401059

Bill Date : 16/05/2024

DOA : 11/5/2024 1:48PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 36,800.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 55,800.00
6	INTENSIVIST CHARGES	₹ 9,000.00
7	LABORATORY	₹ 43,259.00
8	NURSING CHARGE	₹ 7,600.00
9	PHYSIOTHERAPY	₹ 2,800.00
10	PROFESSIONAL TEAM FEES	₹ 32,000.00
11	RADIOLOGY	₹ 18,900.00
12	TRANSPORT	₹ 3,000.00
Tax Amount : 715.00		
Gross Amount		₹ 214,724.00
Net Payable		₹ 214,724.00
Advance Amount		₹ 170,000.00
Received Amount		₹ 54,405.00
Refund Amount		₹ 9,681.00

Received Amount in Words : Two Lakh Twenty-Four Thousand Four Hundred Five Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/05/2024	MMH/MH/RECH2024017	CASH	Advance Amount	30,000.00
2	13/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	70,000.00
3	15/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	70,000.00
4	16/05/2024	MMH/MH/REDH2024103	CHEQUE	Collected Amount	2,653.00
5	16/05/2024	MMH/MH/REDH2024103	CARD	Collected Amount	10,000.00
6	16/05/2024	MMH/MH/REDH2024103	UPI	Collected Amount	41,752.00