

IN PATIENT SUMMARY BILL

UHID : MMH202477151

IP No : IP2024001152

Patient name : Mrs.KALAIVANI

Age : 41 Y 0 M 4 D/Female

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202401123

Bill Date : 25/05/2024

DOA : 21/5/2024 10:40PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,800.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 400.00
6	GENERAL PROCEDURE	₹ 950.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 7,356.00
9	NURSING CHARGE	₹ 3,200.00
10	OPERATION THEATRE CHARGES	₹ 21,550.00
11	PHYSIOTHERAPY	₹ 3,000.00
12	PROFESSIONAL TEAM FEES	₹ 65,000.00
13	RADIOLOGY	₹ 2,600.00
Gross Amount		₹ 128,906.00
Net Payable		₹ 128,906.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 88,906.00

Received Amount in Words : One Lakh Twenty-Eight Thousand Nine Hundred Six Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	10,000.00
2	22/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	30,000.00
3	25/05/2024	MMH/MH/REDH2024112	CHEQUE	Collected Amount	1,848.00
4	25/05/2024	MMH/MH/REDH2024112	CARD	Collected Amount	87,058.00