

IN PATIENT SUMMARY BILL

UHID : MH49644

IP No : IP2024001136

Patient name : Ms.SASIPONABINAYA.S

Age : 26 Y 8 M 13 D/Female

Bill No : MMH/MH/IP202401127

Bill Date : 25/05/2024

DOA : 20/5/2024 12:10AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 29,700.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 10,818.00
7	NURSING CHARGE	₹ 4,800.00
8	OPERATION THEATRE CHARGES	₹ 9,000.00
9	PHYSIOTHERAPY	₹ 1,200.00
10	PROFESSIONAL TEAM FEES	₹ 22,000.00
11	RADIOLOGY	₹ 18,220.00
Gross Amount		₹ 102,788.00
Net Payable		₹ 102,788.00
Advance Amount		₹ 92,000.00
Received Amount		₹ 10,788.00

Received Amount in Words : One Lakh Two Thousand Seven Hundred Eighty-Eight Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/05/2024	MMH/MH/RECH2024018	CASH	Advance Amount	10,000.00
2	21/05/2024	MMH/MH/RECH2024018	CASH	Advance Amount	20,000.00
3	23/05/2024	MMH/MH/RECH2024018	CASH	Advance Amount	30,000.00
4	24/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	15,000.00
5	24/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	17,000.00
6	25/05/2024	MMH/MH/REDH2024112	CASH	Collected Amount	9,081.00
7	25/05/2024	MMH/MH/REDH2024112	CHEQUE	Collected Amount	1,707.00