

IN PATIENT SUMMARY BILL

UHID : MHI202484214

IP No : IP2024001324

Patient name : Mrs.RAMESHWARI

Age : 53 Y 10 M 23 D/Female

Bill No : MMH/MH/IP202401305

Bill Date : 20/06/2024

DOA : 13/6/2024 11:41AM

DOD :

Entity Type : Corporate

Entity Name : GMONEY

Consultant Name : Dr.VIGNESHWARAN P

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,800.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 2,016.00
7	NURSING CHARGE	₹ 3,200.00
8	OPERATION THEATRE CHARGES	₹ 16,200.00
9	OTHER ADDITION	₹ 15,669.00
10	PHARMACY CHARGE	₹ 195,830.00
11	PHYSIOTHERAPY	₹ 3,500.00
12	PROFESSIONAL TEAM FEES	₹ 63,000.00
13	RADIOLOGY	₹ 720.00
14	TRANSPORT	₹ 1,200.00
Gross Amount		₹ 327,185.00
Sanction Amount		₹ 300,000.00
Net Payable		₹ 327,185.00
Advance Amount		₹ 27,185.00
Received Amount		₹ 0.00

Remarks : Payment Transfer detail : UTR NO : 036632111181 14nth & 416917789912 - 17nth Rs. 139380-/-

Received Amount in Words : Twenty-Seven Thousand One Hundred Eighty-Five Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/13/2024	MMH/MH/RECH202402176	CARD	Advance Amount	3,000.00
2	6/17/2024	MMH/MH/RECH202402218	CARD	Advance Amount	24,185.00

Medical Claim	Claim No	Sanction Amount
GMONEY	GMONEY	300,000.00