

IN PATIENT SUMMARY BILL

UHID : MMH202478073

IP No : IP2024001492

Patient name : Mrs.VIRUDHASARANI D

Age : 72 Y 0 M 27 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401469

Bill Date : 11/07/2024

DOA : 4/7/2024 3:38PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,250.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 3,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	LABORATORY	₹ 10,879.00
8	NURSING CHARGE	₹ 5,600.00
9	PHYSIOTHERAPY	₹ 6,600.00
10	PROFESSIONAL TEAM FEES	₹ 18,000.00
11	RADIOLOGY	₹ 400.00
12	TRANSPORT	₹ 3,000.00
Gross Amount		₹ 75,879.00
Net Payable		₹ 75,879.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 50,879.00

Received Amount in Words : Seventy-Five Thousand Eight Hundred Seventy-Nine Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/4/2024	MMH/MH/RECH202402497	CARD	Advance Amount	25,000.00
2	7/11/2024	MMH/MH/REDH202415058	CASH	Collected Amount	50,879.00