

IN PATIENT SUMMARY BILL

UHID : MMH202478136

IP No : IP2024001340

Patient name : Ms.CELINE

Age : 44 Y 10 M 28 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401396

Bill Date : 29/06/2024

DOA : 15/6/2024 9:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 84,000.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,625.00
5	EQUIPMENT	₹ 23,000.00
6	GENERAL PROCEDURE	₹ 5,000.00
7	INTENSIVIST CHARGES	₹ 21,000.00
8	LABORATORY	₹ 84,328.00
9	NURSING CHARGE	₹ 20,000.00
10	PHYSIOTHERAPY	₹ 2,800.00
11	PROFESSIONAL TEAM FEES	₹ 52,500.00
12	RADIOLOGY	₹ 23,745.00
Gross Amount		₹ 324,348.00
Net Payable		₹ 324,348.00
Advance Amount		₹ 275,000.00
Received Amount		₹ 49,348.00

Received Amount in Words : Three Lakh Twenty-Four Thousand Three Hundred Forty-Eight Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/15/2024	MMH/MH/RECH202402197	CARD	Advance Amount	30,000.00
2	6/17/2024	MMH/MH/RECH202402212	CARD	Advance Amount	35,000.00
3	6/18/2024	MMH/MH/RECH202402233	UPI	Advance Amount	30,000.00
4	6/19/2024	MMH/MH/RECH202402246	UPI	Advance Amount	25,000.00
5	6/21/2024	MMH/MH/RECH202402293	UPI	Advance Amount	50,000.00
6	6/22/2024	MMH/MH/RECH202402308	UPI	Advance Amount	30,000.00
7	6/25/2024	MMH/MH/RECH202402350	CARD	Advance Amount	20,000.00
8	6/25/2024	MMH/MH/RECH202402355	UPI	Advance Amount	25,000.00
9	6/29/2024	MMH/MH/RECH202402418	CARD	Advance Amount	30,000.00
10	6/29/2024	MMH/MH/REDH202413977	CARD	Collected Amount	49,348.00