

IN PATIENT SUMMARY BILL

UHID : MMH202478327

IP No : IP2024001613

Patient name : Mrs.UMA MAGESHWARI S

Age : 51 Y 1 M 5 D/Female

Bill No : MMH/MH/IP202401584

Bill Date : 24/07/2024

DOA : 18/7/2024 12:35PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BALAMURUGAN.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,500.00
3	DIET CHARGES	₹ 5,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 7,887.00
8	NURSING CHARGE	₹ 4,800.00
9	OPERATION THEATRE CHARGES	₹ 19,800.00
10	PHARMACY CHARGE	₹ 84,577.00
11	PHYSIOTHERAPY	₹ 3,600.00
12	PROFESSIONAL TEAM FEES	₹ 65,500.00
13	RADIOLOGY	₹ 3,610.00
Gross Amount		₹ 217,674.00
Net Payable		₹ 217,674.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 214,674.00

Received Amount in Words : Two Lakh Seventeen Thousand Six Hundred Seventy-Four Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/18/2024	MMH/MH/RECH202402715	CARD	Advance Amount	3,000.00
2	7/24/2024	MMH/MH/REDH202416156	CARD	Collected Amount	214,674.00