

IN PATIENT SUMMARY BILL

UHID : MMH202478443

IP No : IP2024001406

Patient name : Mrs.PRAMILA NAIDU

Age : 68 Y 7 M 0 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401416

Bill Date : 01/07/2024

DOA : 23/6/2024 2:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 41,900.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 23,000.00
6	GENERAL PROCEDURE	₹ 4,300.00
7	INJECTION CHARGES	₹ 1,280.00
8	INTENSIVIST CHARGES	₹ 15,000.00
9	LABORATORY	₹ 29,200.00
10	NURSING CHARGE	₹ 13,200.00
11	OPERATION THEATRE CHARGES	₹ 29,850.00
12	PHYSIOTHERAPY	₹ 7,600.00
13	PROFESSIONAL TEAM FEES	₹ 49,000.00
14	RADIOLOGY	₹ 12,925.00
Gross Amount		₹ 233,105.00
Net Payable		₹ 233,105.00
Advance Amount		₹ 225,000.00
Received Amount		₹ 8,105.00

Received Amount in Words : Two Lakh Thirty-Three Thousand One Hundred Five Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/23/2024	MMH/MH/RECH202402322	CARD	Advance Amount	30,000.00
2	6/24/2024	MMH/MH/RECH202402335	CARD	Advance Amount	75,000.00
3	6/26/2024	MMH/MH/RECH202402362	CARD	Advance Amount	40,000.00
4	6/28/2024	MMH/MH/RECH202402396	CARD	Advance Amount	30,000.00
5	6/29/2024	MMH/MH/RECH202402417	CARD	Advance Amount	50,000.00
6	7/1/2024	MMH/MH/REDH202414101	CARD	Collected Amount	8,105.00