

IN PATIENT SUMMARY BILL

UHID : MMH202478575

IP No : IP2024001819

Patient name : Mrs.PARVATHY G

Age : 82 Y 3 M 3 D/Female

Consultant Name : Dr.SHIVA KUMAR D

Bill No : MMH/MH/IP202401931

Bill Date : 09/09/2024

DOA : 15/8/2024 5:45AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 5,500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 62,450.00
4	BLOOD COMPONENTS	₹ 40,950.00
5	DIALYSIS / DIALYZER	₹ 27,200.00
6	DIET CHARGES	₹ 500.00
7	DUTY MEDICAL OFFICER CHARGE	₹ 16,500.00
8	EQUIPMENT	₹ 81,500.00
9	GENERAL PROCEEDURE	₹ 15,000.00
10	INJECTION CHARGES	₹ 3,200.00
11	INTENSIVIST CHARGES	₹ 12,000.00
12	LABORATORY	₹ 69,320.00
13	NURSING CHARGE	₹ 25,600.00
14	OPERATION THEATRE CHARGES	₹ 9,500.00
15	PHYSIOTHERAPY	₹ 14,100.00
16	PROFESSIONAL TEAM FEES	₹ 41,500.00
17	RADIOLOGY	₹ 16,770.00
18	TRANSPORT	₹ 1,500.00
Gross Amount		₹ 443,440.00
Net Payable		₹ 443,440.00
Advance Amount		₹ 160,000.00
Received Amount		₹ 283,440.00

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

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/9/2024	MMH/MH/REDH202419767	CHEQUE	Collected Amount	35,411.00
2	8/15/2024	MMH/MH/RECH202403139	CARD	Advance Amount	5,000.00
3	8/22/2024	MMH/MH/RECH202403248	CARD	Advance Amount	45,000.00
4	8/29/2024	MMH/MH/RECH202403339	CARD	Advance Amount	20,000.00
5	9/1/2024	MMH/MH/RECH202403379	CARD	Advance Amount	50,000.00
6	9/2/2024	MMH/MH/RECH202403392	CARD	Advance Amount	40,000.00
7	9/9/2024	MMH/MH/REDH202419768	CASH	Collected Amount	248,029.00

S.No	Description	Amount
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