

IN PATIENT SUMMARY BILL

UHID : MMH202478735

IP No : IP2024001459

Patient name : Mrs.BAGIYASUMATHI

Age : 56 Y 2 M 0 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401463

Bill Date : 10/07/2024

DOA : 29/6/2024 10:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 67,500.00
3	DIET CHARGES	₹ 5,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,700.00
5	EQUIPMENT	₹ 75,500.00
6	GENERAL PROCEDURE	₹ 6,000.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 27,000.00
9	LABORATORY	₹ 107,288.00
10	NURSING CHARGE	₹ 19,600.00
11	OPERATION THEATRE CHARGES	₹ 13,500.00
12	PHYSIOTHERAPY	₹ 7,100.00
13	PROFESSIONAL TEAM FEES	₹ 95,500.00
14	RADIOLOGY	₹ 27,925.00
Gross Amount		₹ 456,663.00
Net Payable		₹ 456,663.00
Advance Amount		₹ 452,000.00
Received Amount		₹ 4,663.00

Received Amount in Words : Four Lakh Fifty-Six Thousand Six Hundred Sixty-Three Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/29/2024	MMH/MH/RECH202402428	CARD	Advance Amount	30,000.00
2	6/30/2024	MMH/MH/RECH202402440	CARD	Advance Amount	50,000.00
3	7/1/2024	MMH/MH/RECH202402444	CARD	Advance Amount	50,000.00
4	7/1/2024	MMH/MH/RECH202402447	CARD	Advance Amount	50,000.00
5	7/4/2024	MMH/MH/RECH202402490	UPI	Advance Amount	50,000.00
6	7/4/2024	MMH/MH/RECH202402495	CARD	Advance Amount	50,000.00
7	7/6/2024	MMH/MH/RECH202402526	CASH	Advance Amount	50,000.00
8	7/8/2024	MMH/MH/RECH202402575	CARD	Advance Amount	60,000.00
9	7/10/2024	MMH/MH/RECH202402578	CASH	Advance Amount	62,000.00
10	7/11/2024	MMH/MH/REDH202415040	CHEQUE	Collected Amount	4,663.00

S.No	Description	Amount
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