

IN PATIENT SUMMARY BILL

UHID : MMH202478773

IP No : IP2024001471

Patient name : Mrs.IRUDHAYAMARY

Age : 55 Y 0 M 6 D/Female

Bill No : MMH/MH/IP202401452

Bill Date : 07/07/2024

DOA : 1/7/2024 2:44PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VENKATACHALAM VEERAPPAN

| S.No            | Description                 | Amount       |
|-----------------|-----------------------------|--------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00     |
| 2               | BED CHARGES                 | ₹ 26,000.00  |
| 3               | BLOOD COMPONENTS            | ₹ 3,050.00   |
| 4               | DUTY MEDICAL OFFICER CHARGE | ₹ 3,000.00   |
| 5               | EQUIPMENT                   | ₹ 34,500.00  |
| 6               | GENERAL PROCEDURE           | ₹ 3,500.00   |
| 7               | INJECTION CHARGES           | ₹ 200.00     |
| 8               | INTENSIVIST CHARGES         | ₹ 6,000.00   |
| 9               | LABORATORY                  | ₹ 5,850.00   |
| 10              | NURSING CHARGE              | ₹ 7,200.00   |
| 11              | OPERATION THEATRE CHARGES   | ₹ 18,350.00  |
| 12              | PHYSIOTHERAPY               | ₹ 2,600.00   |
| 13              | PROFESSIONAL TEAM FEES      | ₹ 103,150.00 |
| Gross Amount    |                             | ₹ 213,750.00 |
| Net Payable     |                             | ₹ 213,750.00 |
| Advance Amount  |                             | ₹ 110,000.00 |
| Received Amount |                             | ₹ 103,750.00 |

Received Amount in Words : Two Lakh Thirteen Thousand Seven Hundred Fifty Only

KARTHICK.S  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1    | 7/1/2024     | MMH/MH/RECH202402445 | CARD         | Advance Amount   | 30,000.00       |
| 2    | 7/3/2024     | MMH/MH/RECH202402485 | UPI          | Advance Amount   | 30,000.00       |
| 3    | 7/3/2024     | MMH/MH/RECH202402486 | CASH         | Advance Amount   | 50,000.00       |
| 4    | 7/7/2024     | MMH/MH/REDH202414576 | CHEQUE       | Collected Amount | 815.00          |
| 5    | 7/7/2024     | MMH/MH/REDH202414577 | CARD         | Collected Amount | 30,000.00       |
| 6    | 7/7/2024     | MMH/MH/REDH202414578 | UPI          | Collected Amount | 50,000.00       |
| 7    | 7/7/2024     | MMH/MH/REDH202414579 | CASH         | Collected Amount | 22,935.00       |