

IN PATIENT SUMMARY BILL

UHID : MMH202478773

IP No : IP2024001471

Patient name : Mrs.IRUDHAYAMARY

Age : 55 Y 0 M 19 D/Female

Bill No : MMH/MH/IP202401554

Bill Date : 20/07/2024

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		₹ 0.00
Amount Payable		₹ 103,750.00

Received Amount in Words : One Lakh Ten Thousand Only

SATHISH KUMAR.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/RECH202402750	CHEQUE	Advance Amount	815.00
5	7/7/2024	MMH/MH/RECH202402751	CARD	Advance Amount	30,000.00
6	7/7/2024	MMH/MH/RECH202402752	UPI	Advance Amount	50,000.00
7	7/7/2024	MMH/MH/RECH202402753	CASH	Advance Amount	22,935.00