IN PATIENT SUMMARY BILL

UHID : MMH/MH/IP202401549 : MMH202478906 Bill No

: IP2024001496 Bill Date IP No

: 19/07/2024 : 5/7/2024 9:56AM : Mrs.ALICE KURIAN Patient name DOA

: 83 Y 0 M 14 D/Female DOD Age

: CASH Entity Type : CASH Entity Name

Consultant Name : Dr.T.PALANIAPPAN

| S.No | Description | | | | Amount |
|-------|---------------------|--------|-----------------|---|-----------|
| 1 | ADMINISTRATION CHAR | RGES | | ₹ | 350.00 |
| 2 | BED CHARGES | ₹ | 29,125.00 | | |
| 3 | DIET CHARGES | ₹ | 2,000.00 | | |
| 4 | DUTY MEDICAL OFFICE | ₹ | 1,875.00 | | |
| 5 | EQUIPMENT | | | ₹ | 6,000.00 |
| 6 | INTENSIVIST CHARGES | | | ₹ | 4,500.00 |
| 7 | LABORATORY | ₹ | 7,149.00 | | |
| 8 | NURSING CHARGE | | | ₹ | 5,000.00 |
| 9 | PROFESSIONAL TEAM F | EES | | ₹ | 9,000.00 |
| 10 | RADIOLOGY | | | ₹ | 6,425.00 |
| 11 | TRANSPORT | | | ₹ | 1,000.00 |
| Tax A | Amount : | 893.75 | Gross Amount | ₹ | 73,317.75 |
| | | | Net Payable | ₹ | 73,318.00 |
| | | | Advance Amount | ₹ | 71,962.00 |
| | | | Received Amount | ₹ | 1,356.00 |

: Seventy-Three Thousand Three Hundred Eighteen Only SATHISH KUMAR.S **Received Amount in Words**

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 7/5/2024 | MMH/MH/RECH202402508 | UPI | Advance Amount | 10,000.00 |
| 2 | 7/5/2024 | MMH/MH/RECH202402518 | UPI | Advance Amount | 20,000.00 |
| 3 | 7/6/2024 | MMH/MH/RECH202402531 | UPI | Advance Amount | 30,000.00 |
| 4 | 7/19/2024 | MMH/MH/RECH202402739 | CASH | Advance Amount | 10,000.00 |
| 5 | 7/19/2024 | MMH/MH/RECH202402740 | UPI | Advance Amount | 1,962.00 |
| 6 | 7/19/2024 | MMH/MH/REDH202415768 | CHEQUE | Collected Amount | 1,356.00 |