

IN PATIENT SUMMARY BILL

UHID : MMH202479125

IP No : IP2024001543

Patient name : Mrs.LAXME S

Age : 63 Y 3 M 11 D/Female

Bill No : MMH/MH/IP202401539

Bill Date : 18/07/2024

DOA : 10/7/2024 9:10AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 63,750.00
3	CARDIOLOGY PACKAGE-HEART	₹ 45,000.00
4	DIET CHARGES	₹ 2,000.00
5	EQUIPMENT	₹ 24,000.00
6	GENERAL PROCEDURE	₹ 6,500.00
7	INTENSIVIST CHARGES	₹ 25,500.00
8	LABORATORY	₹ 81,821.00
9	NURSING CHARGE	₹ 17,000.00
10	OPERATION THEATRE CHARGES	₹ 7,350.00
11	PHYSIOTHERAPY	₹ 4,200.00
12	PROFESSIONAL TEAM FEES	₹ 101,000.00
13	RADIOLOGY	₹ 72,950.00
Gross Amount		₹ 451,421.00
Net Payable		₹ 451,421.00
Advance Amount		₹ 447,390.00
Received Amount		₹ 4,031.00

Received Amount in Words : Four Lakh Fifty-One Thousand Four Hundred
Twenty-One Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/10/2024	MMH/MH/RECH202402569	CARD	Advance Amount	30,000.00
2	7/11/2024	MMH/MH/RECH202402584	CASH	Advance Amount	80,000.00
3	7/13/2024	MMH/MH/RECH202402637	UPI	Advance Amount	80,000.00
4	7/14/2024	MMH/MH/RECH202402642	UPI	Advance Amount	50,000.00
5	7/15/2024	MMH/MH/RECH202402656	UPI	Advance Amount	60,000.00
6	7/18/2024	MMH/MH/RECH202402721	CARD	Advance Amount	72,390.00
7	7/18/2024	MMH/MH/RECH202402722	CARD	Advance Amount	75,000.00
8	7/18/2024	MMH/MH/REDH202415693	CHEQUE	Collected Amount	4,031.00