

IN PATIENT SUMMARY BILL

UHID : MMH202479275

IP No : IP2024001590

Patient name : Mrs.CHELLATHAI R

Age : 51 Y 10 M 22 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401536

Bill Date : 18/07/2024

DOA : 15/7/2024 1:26PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,750.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 5,000.00
6	INTENSIVIST CHARGES	₹ 4,500.00
7	LABORATORY	₹ 8,765.00
8	NURSING CHARGE	₹ 4,600.00
9	PHYSIOTHERAPY	₹ 700.00
10	PROFESSIONAL TEAM FEES	₹ 6,000.00
11	RADIOLOGY	₹ 9,400.00
Gross Amount		₹ 59,065.00
Net Payable		₹ 59,065.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 9,065.00

Received Amount in Words : Fifty-Nine Thousand Sixty-Five Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/15/2024	MMH/MH/RECH202402660	CARD	Advance Amount	30,000.00
2	7/16/2024	MMH/MH/RECH202402685	CARD	Advance Amount	20,000.00
3	7/18/2024	MMH/MH/REDH202415679	UPI	Collected Amount	9,065.00