

IN PATIENT SUMMARY BILL

UHID : MMH202479495

IP No : IP2024001617

Patient name : Mrs.RAJESWARI L

Age : 87 Y 8 M 9 D/Female

Bill No : MMH/MH/IP202401570

Bill Date : 22/07/2024

DOA : 18/7/2024 5:38PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,700.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	EQUIPMENT	₹ 5,500.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 6,000.00
9	LABORATORY	₹ 20,189.00
10	NURSING CHARGE	₹ 5,600.00
11	OPERATION THEATRE CHARGES	₹ 2,500.00
12	PROFESSIONAL TEAM FEES	₹ 12,500.00
13	RADIOLOGY	₹ 6,525.00
Gross Amount		₹ 87,114.00
Net Payable		₹ 87,114.00
Advance Amount		₹ 75,000.00
Received Amount		₹ 12,114.00

Received Amount in Words : Eighty-Seven Thousand One Hundred Fourteen Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/18/2024	MMH/MH/RECH202402723	CARD	Advance Amount	30,000.00
2	7/19/2024	MMH/MH/RECH202402735	CASH	Advance Amount	20,000.00
3	7/20/2024	MMH/MH/RECH202402764	CASH	Advance Amount	25,000.00
4	7/22/2024	MMH/MH/REDH202415987	CARD	Collected Amount	12,114.00