

IN PATIENT SUMMARY BILL

UHID : MMH202479727

IP No : IP2024001655

Patient name : Mrs.SATHYA BAMA

Age : 76 Y 11 M 11 D/Female

Bill No : MMH/MH/IP202401608

Bill Date : 26/07/2024

DOA : 23/7/2024 10:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,500.00
3	DIET CHARGES	₹ 2,000.00
4	EQUIPMENT	₹ 15,000.00
5	INTENSIVIST CHARGES	₹ 9,000.00
6	LABORATORY	₹ 28,120.00
7	NURSING CHARGE	₹ 6,000.00
8	PHYSIOTHERAPY	₹ 2,100.00
9	PROFESSIONAL TEAM FEES	₹ 8,500.00
10	RADIOLOGY	₹ 30,950.00
Gross Amount		₹ 124,520.00
Net Payable		₹ 124,520.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 94,520.00

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

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/23/2024	MMH/MH/RECH202402809	CARD	Advance Amount	30,000.00
2	7/26/2024	MMH/MH/REDH202416383	CARD	Collected Amount	94,520.00