

IN PATIENT SUMMARY BILL

UHID : MMH202479744

IP No : IP2024001657

Patient name : Mrs.RAJALAKSHMI P S

Age : 76 Y 11 M 16 D/Female

Bill No : MMH/MH/IP202401657

Bill Date : 31/07/2024

DOA : 24/7/2024 11:16AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 52,950.00
3	DIET CHARGES	₹ 4,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 23,200.00
6	GENERAL PROCEDURE	₹ 3,500.00
7	INTENSIVIST CHARGES	₹ 19,500.00
8	LABORATORY	₹ 36,659.00
9	NURSING CHARGE	₹ 13,800.00
10	PHARMACY CHARGE	₹ 44,363.00
11	PHYSIOTHERAPY	₹ 7,000.00
12	PROFESSIONAL TEAM FEES	₹ 24,200.00
13	RADIOLOGY	₹ 12,800.00
14	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 244,072.00
Net Payable		₹ 244,072.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 234,072.00

Received Amount in Words : Two Lakh Forty-Four Thousand Seventy-Two Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/24/2024	MMH/MH/RECH202402811	CARD	Advance Amount	10,000.00
2	7/31/2024	MMH/MH/REDH202416739	CARD	Collected Amount	234,072.00