

IN PATIENT SUMMARY BILL

UHID : MMH202479870

IP No : IP2024001680

Patient name : Mrs.TAMIL SELVI D

Age : 63 Y 8 M 12 D/Female

Bill No : MMH/MH/IP202401864

Bill Date : 29/08/2024

DOA : 26/7/2024 10:14PM

DOD :

Entity Type : Corporate

Entity Name : BHEL

Consultant Name : Dr.T.PALANIAPPAN

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 200.00 |
| 2 | BED CHARGES | ₹ 35,700.00 |
| 3 | BLOOD COMPONENTS | ₹ 2,340.00 |
| 4 | DIET CHARGES | ₹ 17,900.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 12,750.00 |
| 6 | EQUIPMENT | ₹ 1,750.00 |
| 7 | GENERAL PROCEEDURE | ₹ 2,272.00 |
| 8 | INJECTION CHARGES | ₹ 200.00 |
| 9 | LABORATORY | ₹ 24,604.00 |
| 10 | NURSING CHARGE | ₹ 13,600.00 |
| 11 | OPERATION THEATRE CHARGES | ₹ 8,064.00 |
| 12 | PHARMACY CHARGE | ₹ 128,962.00 |
| 13 | PHYSIOTHERAPY | ₹ 1,125.00 |
| 14 | PROFESSIONAL TEAM FEES | ₹ 99,900.00 |
| 15 | RADIOLOGY | ₹ 6,799.00 |
| Gross Amount | | ₹ 356,166.00 |
| Net Payable | | ₹ 356,166.00 |
| Advance Amount | | ₹ 130,000.00 |
| Received Amount | | ₹ 0.00 |
| Refund Amount | | ₹ 12,102.00 |

Received Amount in Words : One Lakh Thirty Thousand Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 8/12/2024 | MMH/MH/RECH202403113 | CASH | Advance Amount | 100,000.00 |
| 2 | 8/12/2024 | MMH/MH/RECH202403114 | CASH | Advance Amount | 30,000.00 |