IN PATIENT SUMMARY BILL

UHID : MMH/MH/IP202401731 : MMH202480275 Bill No

: IP2024001765 : 12/08/2024 IP No Bill Date

Patient name : Mrs.BALAJOTHI.R : 7/8/2024 5:40AM DOA

DOD 48 Y 5 M 2 D/Female Age

: CASH Entity Type : CASH Entity Name

Consultant Name : Dr.VIJAYAN.J

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	21,175.00
3	BLOOD COMPONENTS		₹	5,600.00
4	DUTY MEDICAL OFFICER CHARGE		₹	4,125.00
5	EQUIPMENT		₹	1,400.00
6	GENERAL PROCEEDURE		₹	1,450.00
7	INJECTION CHARGES		₹	200.00
8	LABORATORY		₹	12,779.00
9	NURSING CHARGE		₹	4,400.00
10	OPERATION THEATRE CHARGES		₹	13,550.00
11	PHYSIOTHERAPY		₹	600.00
12	PROFESSIONAL TEAM FEES		₹	66,500.00
13	RADIOLOGY		₹	3,000.00
		Gross Amount	₹	135,129.00
		Net Payable	₹	135,129.00

₹ 110,000.00 **Advance Amount** ₹ **Received Amount** 25,129.00

Received Amount in Words : One Lakh Thirty-Five Thousand One Hundred SUDHA

Twenty-Nine Only **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/7/2024	MMH/MH/RECH202403028	CASH	Advance Amount	10,000.00
2	8/8/2024	MMH/MH/RECH202403055	CASH	Advance Amount	50,000.00
3	8/10/2024	MMH/MH/RECH202403072	CASH	Advance Amount	50,000.00
4	8/12/2024	MMH/MH/REDH202417597	CASH	Collected Amount	25,129.00