

IN PATIENT SUMMARY BILL

UHID : MMH202481079

IP No : IP2024001958

Patient name : Mrs.DEEPIKA.D

Age : 26 Y 3 M 21 D/Female

Bill No : MMH/MH/IP202401907

Bill Date : 05/09/2024

DOA : 2/9/2024 9:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 403.00
2	BED CHARGES	₹ 18,850.00
3	BLOOD COMPONENTS	₹ 5,465.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
6	EQUIPMENT	₹ 4,600.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 10,548.00
9	NURSING CHARGE	₹ 4,800.00
10	PROFESSIONAL TEAM FEES	₹ 6,000.00
11	RADIOLOGY	₹ 3,479.00
Gross Amount		₹ 61,395.00
Discount Amount		₹ 9,209.00
Net Payable		₹ 52,186.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 27,186.00

Received Amount in Words : Fifty-Two Thousand One Hundred Eighty-Six Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/4/2024	MMH/MH/RECH202403429	CARD	Advance Amount	25,000.00
2	9/5/2024	MMH/MH/REDH202419519	CARD	Collected Amount	7,186.00
3	9/5/2024	MMH/MH/REDH202419518	CASH	Collected Amount	20,000.00