

IN PATIENT SUMMARY BILL

UHID : MHP202401120

IP No : IP2024002053

Patient name : Mrs.MEENAKSHI V

Age : 87 Y 6 M 17 D/Female

Bill No : MMH/MH/IP202402049

Bill Date : 24/09/2024

DOA : 16/9/2024 3:48AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 59,850.00
3	DIET CHARGES	₹ 5,080.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 75,550.00
6	INTENSIVIST CHARGES	₹ 18,000.00
7	LABORATORY	₹ 59,090.00
8	NURSING CHARGE	₹ 14,400.00
9	PHYSIOTHERAPY	₹ 5,600.00
10	PROCEDURE CHARGES	₹ 1,000.00
11	PROFESSIONAL TEAM FEES	₹ 57,500.00
12	RADIOLOGY	₹ 10,050.00
13	TRANSPORT	₹ 4,000.00
Gross Amount		₹ 312,720.00
Net Payable		₹ 312,720.00
Advance Amount		₹ 310,000.00
Received Amount		₹ 4,452.00
Refund Amount		₹ 1,732.00

Received Amount in Words : Three Lakh Fourteen Thousand Four Hundred Fifty-Two Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/24/2024	MMH/MH/REDH202421033	CHEQUE	Collected Amount	4,452.00
2	9/16/2024	MMH/MH/RECH202403597	CARD	Advance Amount	30,000.00
3	9/17/2024	MMH/MH/RECH202403619	CARD	Advance Amount	50,000.00
4	9/18/2024	MMH/MH/RECH202403634	CARD	Advance Amount	30,000.00
5	9/19/2024	MMH/MH/RECH202403648	CARD	Advance Amount	50,000.00
6	9/20/2024	MMH/MH/RECH202403664	CARD	Advance Amount	50,000.00
7	9/21/2024	MMH/MH/RECH202403684	CARD	Advance Amount	50,000.00
8	9/24/2024	MMH/MH/RECH202403727	CARD	Advance Amount	50,000.00