

IN PATIENT SUMMARY BILL

UHID : MMH202481129

IP No : IP2024001974

Patient name : Mrs.SYMALA K

Age : 81 Y 8 M 13 D/Female

Bill No : MMH/MH/IP202401927

Bill Date : 08/09/2024

DOA : 4/9/2024 10:48AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.AYYAPPAN.M.K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
6	GENERAL PROCEEDURE	₹ 1,000.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 13,434.00
9	NURSING CHARGE	₹ 3,600.00
10	OPERATION THEATRE CHARGES	₹ 7,550.00
11	PHYSIOTHERAPY	₹ 1,000.00
12	PROFESSIONAL TEAM FEES	₹ 114,000.00
13	RADIOLOGY	₹ 2,925.00
Gross Amount		₹ 153,884.00
Net Payable		₹ 153,884.00
Advance Amount		₹ 130,000.00
Received Amount		₹ 23,884.00

Received Amount in Words : One Lakh Fifty-Three Thousand Eight Hundred Eighty-Four Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/4/2024	MMH/MH/RECH202403418	CARD	Advance Amount	30,000.00
2	9/5/2024	MMH/MH/RECH202403439	CARD	Advance Amount	50,000.00
3	9/5/2024	MMH/MH/RECH202403440	CARD	Advance Amount	50,000.00
4	9/8/2024	MMH/MH/REDH202419674	CARD	Collected Amount	23,884.00