

IN PATIENT SUMMARY BILL

UHID : MMH202481316

IP No : IP2024002011

Patient name : Mrs.KOLAMMAL NAGARAJAN

Age : 53 Y 4 M 5 D/Female

Consultant Name : Dr.ANANTH.V

Bill No : MMH/MH/IP202402006

Bill Date : 20/09/2024

DOA : 10/9/2024 4:01PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 49,850.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,750.00
5	EQUIPMENT	₹ 24,600.00
6	G.I.PROCEDURE	₹ 20,000.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 3,000.00
9	LABORATORY	₹ 35,941.00
10	NURSING CHARGE	₹ 9,200.00
11	OPERATION THEATRE CHARGES	₹ 9,500.00
12	PHYSIOTHERAPY	₹ 600.00
13	PROCEDURE CHARGES	₹ 7,400.00
14	PROFESSIONAL TEAM FEES	₹ 67,000.00
15	RADIOLOGY	₹ 5,520.00
16	TRANSPORT	₹ 2,500.00
Gross Amount		₹ 243,411.00
Net Payable		₹ 243,411.00
Advance Amount		₹ 243,411.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Forty-Three Thousand Four Hundred Eleven Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/20/2024	MMH/MH/RECH202403665	UPI	Advance Amount	97,000.00
2	9/10/2024	MMH/MH/RECH202403510	CARD	Advance Amount	12,500.00
3	9/14/2024	MMH/MH/RECH202403583	CARD	Advance Amount	40,000.00
4	9/16/2024	MMH/MH/RECH202403605	CARD	Advance Amount	15,000.00
5	9/17/2024	MMH/MH/RECH202403623	CARD	Advance Amount	20,000.00
6	9/20/2024	MMH/MH/RECH202403666	CARD	Advance Amount	54,000.00
7	9/20/2024	MMH/MH/RECH202403667	CARD	Advance Amount	4,911.00