

IN PATIENT SUMMARY BILL

UHID : MMH202481345

IP No : IP2024002008

Patient name : Mrs.INDIRANI T

Age : 85 Y 0 M 6 D/Female

Bill No : MMH/MH/IP202401978

Bill Date : 16/09/2024

DOA : 10/9/2024 11:09AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.MOHAN KUMAR K

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ACCOMMODATION | ₹ 4,950.00 |
| 2 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 3 | BED CHARGES | ₹ 30,975.00 |
| 4 | BLOOD COMPONENTS | ₹ 500.00 |
| 5 | DIET CHARGES | ₹ 500.00 |
| 6 | DUTY MEDICAL OFFICER CHARGE | ₹ 4,125.00 |
| 7 | EQUIPMENT | ₹ 10,950.00 |
| 8 | INJECTION CHARGES | ₹ 200.00 |
| 9 | INTENSIVIST CHARGES | ₹ 1,500.00 |
| 10 | LABORATORY | ₹ 6,860.00 |
| 11 | NURSING CHARGE | ₹ 5,400.00 |
| 12 | OPERATION THEATRE CHARGES | ₹ 10,350.00 |
| 13 | PHYSIOTHERAPY | ₹ 4,200.00 |
| 14 | PROCEDURE CHARGES | ₹ 1,500.00 |
| 15 | PROFESSIONAL TEAM FEES | ₹ 2,000.00 |
| 16 | RADIOLOGY | ₹ 4,560.00 |
| Gross Amount | | ₹ 88,920.00 |
| Net Payable | | ₹ 88,920.00 |
| Advance Amount | | ₹ 88,920.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Eighty-Eight Thousand Nine Hundred Twenty Only

KARTHICK
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 9/11/2024 | MMH/MH/RECH202403524 | CARD | Advance Amount | 5,000.00 |
| 2 | 9/11/2024 | MMH/MH/RECH202403525 | CARD | Advance Amount | 15,000.00 |
| 3 | 9/10/2024 | MMH/MH/RECH202403502 | CASH | Advance Amount | 30,000.00 |
| 4 | 9/14/2024 | MMH/MH/RECH202403581 | CASH | Advance Amount | 25,000.00 |
| 5 | 9/15/2024 | MMH/MH/RECH202403588 | CASH | Advance Amount | 13,920.00 |