

IN PATIENT SUMMARY BILL

UHID : MMH202482160

IP No : IP2024002177

Patient name : Mrs.GAYATHRI V

Age : 32 Y 0 M 20 D/Female

Bill No : MMH/MH/IP202402124

Bill Date : 03/10/2024

DOA : 29/9/2024 4:09PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VENKATACHALAM VEERAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
4	EQUIPMENT	₹ 25,000.00
5	INJECTION CHARGES	₹ 1,140.00
6	LABORATORY	₹ 15,290.00
7	NURSING CHARGE	₹ 3,200.00
8	OPERATION THEATRE CHARGES	₹ 20,000.00
9	PHYSIOTHERAPY	₹ 500.00
10	PROCEDURE CHARGES	₹ 1,500.00
11	PROFESSIONAL TEAM FEES	₹ 63,000.00
12	RADIOLOGY	₹ 525.00
Gross Amount		₹ 137,905.00
Net Payable		₹ 137,905.00
Advance Amount		₹ 105,500.00
Received Amount		₹ 32,405.00

Received Amount in Words : One Lakh Thirty-Seven Thousand Nine Hundred Five Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/3/2024	MMH/MH/REDH202421750	CHEQUE	Collected Amount	1,372.00
2	10/3/2024	MMH/MH/RECH202403883	UPI	Advance Amount	5,000.00
3	10/3/2024	MMH/MH/RECH202403884	UPI	Advance Amount	30,500.00
4	10/3/2024	MMH/MH/REDH202421752	UPI	Collected Amount	30,000.00
5	9/29/2024	MMH/MH/RECH202403822	CASH	Advance Amount	20,000.00
6	10/1/2024	MMH/MH/RECH202403866	CASH	Advance Amount	50,000.00
7	10/3/2024	MMH/MH/REDH202421751	CASH	Collected Amount	1,033.00