

IN PATIENT SUMMARY BILL

UHID : MMH202482277

IP No : IP2024002199

Patient name : Mrs.PARAMESHWARI. G

Age : 78 Y 5 M 8 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402183

Bill Date : 11/10/2024

DOA : 2/10/2024 9:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 60,900.00
3	BLOOD COMPONENTS	₹ 15,050.00
4	DIET CHARGES	₹ 4,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	EQUIPMENT	₹ 71,500.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 21,000.00
9	LABORATORY	₹ 82,612.00
10	NURSING CHARGE	₹ 15,600.00
11	OPERATION THEATRE CHARGES	₹ 23,200.00
12	PHYSIOTHERAPY	₹ 7,700.00
13	PROCEDURE CHARGES	₹ 2,950.00
14	PROFESSIONAL TEAM FEES	₹ 149,000.00
15	RADIOLOGY	₹ 20,775.00
16	TRANSPORT	₹ 2,500.00
Gross Amount		₹ 478,837.00
Net Payable		₹ 478,837.00
Advance Amount		₹ 500,000.00
Received Amount		₹ 6,871.00
Refund Amount		₹ 28,034.00

Received Amount in Words : Five Lakh Six Thousand Eight Hundred Seventy-One Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/11/2024	MMH/MH/REDH202422369	CHEQUE	Collected Amount	6,871.00
2	10/5/2024	MMH/MH/RECH202403917	NEFT	Advance Amount	200,000.00
3	10/10/2024	MMH/MH/RECH202403991	NEFT	Advance Amount	200,000.00
4	10/2/2024	MMH/MH/RECH202403877	UPI	Advance Amount	30,000.00
5	10/3/2024	MMH/MH/RECH202403882	UPI	Advance Amount	30,000.00
6	10/3/2024	MMH/MH/RECH202403881	CARD	Advance Amount	40,000.00