

IN PATIENT SUMMARY BILL

UHID : MMH202482596

IP No : IP2024002286

Patient name : Mrs.ANNA ROSALINE

Age : 74 Y 7 M 8 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402234

Bill Date : 17/10/2024

DOA : 15/10/2024 6:20AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,000.00
3	DIALYSIS / DIALYZER	₹ 6,100.00
4	DIET CHARGES	₹ 1,000.00
5	EQUIPMENT	₹ 55,450.00
6	INJECTION CHARGES	₹ 2,000.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 45,866.00
9	NURSING CHARGE	₹ 4,000.00
10	PHYSIOTHERAPY	₹ 700.00
11	PROCEDURE CHARGES	₹ 22,500.00
12	PROFESSIONAL TEAM FEES	₹ 31,000.00
13	RADIOLOGY	₹ 26,825.00
Gross Amount		₹ 216,791.00
Net Payable		₹ 216,791.00
Advance Amount		₹ 175,000.00
Received Amount		₹ 41,791.00

Received Amount in Words : Two Lakh Sixteen Thousand Seven Hundred Ninety-One Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/15/2024	MMH/MH/RECH202404040	CARD	Advance Amount	25,000.00
2	10/16/2024	MMH/MH/RECH202404066	CARD	Advance Amount	50,000.00
3	10/17/2024	MMH/MH/RECH202404071	CARD	Advance Amount	100,000.00
4	10/17/2024	MMH/MH/REDH202422777	CARD	Collected Amount	41,791.00