

IN PATIENT SUMMARY BILL

UHID	:	MMH202481926	Bill No	:	MMH/MH/IP202402151
IP No	:	IP2024002161	Bill Date	:	07/10/2024
Patient name	:	Mrs.MUNIAMMAL V	DOA	:	27/9/2024 3:03PM
Age	:	55 Y 4 M 29 D/Female	DOD	:	
Consultant Name					Entity Type : Insurance
					Entity Name : ROYAL SUNDARAM INSURANCE
Consultant Name		Dr.VIJAYAKRISHNAN B			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,100.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	LABORATORY	₹ 8,427.00
6	NURSING CHARGE	₹ 4,800.00
7	OPERATION THEATRE CHARGES	₹ 13,500.00
8	OTHER ADDITION	₹ 66,871.00
9	PHARMACY CHARGE	₹ 93,508.00
10	PHYSIOTHERAPY	₹ 5,400.00
11	PROCEDURE CHARGES	₹ 1,500.00
12	PROFESSIONAL TEAM FEES	₹ 25,000.00
13	RADIOLOGY	₹ 4,280.00
		₹ 254,736.00
		₹ 175,474.00
		₹ 25,000.00
		₹ 229,736.00
		₹ 54,262.00
		₹ 0.00

Received Amount in Words : Fifty-Four Thousand Two Hundred Sixty-Two Only SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/3/2024	MMH/MH/RECH202403887	UPI	Advance Amount	2,262.00
2	10/3/2024	MMH/MH/RECH202403888	UPI	Advance Amount	20,000.00
3	10/3/2024	MMH/MH/RECH202403889	CASH	Advance Amount	32,000.00