

IN PATIENT SUMMARY BILL

UHID : MHE202400247 Bill No : MMH/MV/IPE202400136
IP No : IPE2024000142 Bill Date : 25/06/2024
Patient name : Mrs.S. KALLAMMAL DOA : 1/4/2024 12:00PM
Age : 52/Female DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.PARTHIBAN DURAISAMY

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 95,900.00
3	BLOOD COMPONENTS	₹ 5,400.00
4	EQUIPMENT	₹ 105,500.00
5	GENERAL PROCEDURE	₹ 1,700.00
6	INVESTIGATIONS	₹ 1,700.00
7	LABORATORY	₹ 32,524.00
8	PHYSIOTHERAPY	₹ 13,200.00
9	PROFESSIONAL TEAM FEES	₹ 71,900.00
10	RADIOLOGY	₹ 7,450.00
	Gross Amount	₹ 335,474.00
	Discount Amount	₹ 109,574.00
	Net Payable	₹ 225,900.00
	Received Amount	₹ 225,900.00

Received Amount in Words : Two Lakh Twenty-Five Thousand Nine Hundred Only

SUBHASHREE VASUDEVAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/25/2024	MMH/MV/RECBD202401717	CASH	Collected Amount	225,900.00