

IN PATIENT SUMMARY BILL

UHID : MH31901

IP No : IP2024001855

Patient name : Mr.DEENADAYALAN M

Age : 59 Y 2 M 9 D/Male

Consultant Name : Dr.ARUN RAMANAN

Bill No : MMH/MH/IP202401875

Bill Date : 30/08/2024

DOA : 19/8/2024 1:28PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ACCOMMODATION | ₹ 11,550.00 |
| 2 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 3 | BED CHARGES | ₹ 57,050.00 |
| 4 | DIET CHARGES | ₹ 6,500.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 6,000.00 |
| 6 | EQUIPMENT | ₹ 90,000.00 |
| 7 | GENERAL PROCEEDURE | ₹ 1,500.00 |
| 8 | INJECTION CHARGES | ₹ 1,200.00 |
| 9 | INTENSIVIST CHARGES | ₹ 10,500.00 |
| 10 | LABORATORY | ₹ 79,296.00 |
| 11 | MISCELLANEOUS | ₹ 300.00 |
| 12 | NURSING CHARGE | ₹ 13,400.00 |
| 13 | PHYSIOTHERAPY | ₹ 4,900.00 |
| 14 | PROFESSIONAL TEAM FEES | ₹ 85,464.00 |
| 15 | RADIOLOGY | ₹ 33,990.00 |
| Gross Amount | | ₹ 402,000.00 |
| Net Payable | | ₹ 402,000.00 |
| Advance Amount | | ₹ 352,000.00 |
| Received Amount | | ₹ 50,000.00 |

Received Amount in Words : Four Lakh Two Thousand Only

SRINIVASAN
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 8/20/2024 | MMH/MH/RECH202403208 | CARD | Advance Amount | 30,000.00 |
| 2 | 8/25/2024 | MMH/MH/RECH202403281 | CARD | Advance Amount | 40,000.00 |
| 3 | 8/30/2024 | MMH/MH/RECH202403359 | CARD | Advance Amount | 100,000.00 |
| 4 | 8/30/2024 | MMH/MH/RECH202403360 | CARD | Advance Amount | 77,000.00 |
| 5 | 8/19/2024 | MMH/MH/RECH202403194 | CASH | Advance Amount | 5,000.00 |
| 6 | 8/29/2024 | MMH/MH/RECH202403341 | CASH | Advance Amount | 100,000.00 |
| 7 | 8/30/2024 | MMH/MH/REDH202419057 | CASH | Collected Amount | 50,000.00 |