IN PATIENT SUMMARY BILL

UHID	:	MH34406	Bill No	:	MMH/MH/IP202400718
IP No	:	IP2024000646	Bill Date	:	03/04/2024
Patient name	:	Mr.POOVALINGAM S	DOA	:	19/3/2024 12:44PM
Age	:	60 Y 11 M 18 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	76,650.00
3	BLOOD COMPONENTS	₹	4,600.00
4	DIET CHARGES	₹	1,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹	9,375.00
6	EQUIPMENT	₹	35,100.00
7	GENERAL PROCEDURE	₹	4,400.00
8	INJECTION CHARGES	₹	950.00
9	INTENSIVIST CHARGES	₹	9,000.00
10	INVESTIGATIONS	₹	1,000.00
11	LABORATORY	₹	40,186.00
12	NURSING CHARGE	₹	16,000.00
13	OPERATION THEATRE CHARGES	₹	57,900.00
14	PHYSIOTHERAPY	₹	5,900.00
15	PROFESSIONAL TEAM FEES	₹	208,000.00
16	RADIOLOGY	₹	24,650.00
	Gross Amount	₹	**495,561.00**
	Net Payable	₹	**495,561.00**
	Advance Amount	₹	**350,000.00**
	Received Amount	₹	**145,561.00**

Received Amount in Words : Four Lakh Ninety-Five Thousand Five Hundred Sixty-One Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/03/2024	MMH/MH/RECH2024009	AFFORDPLAN	Advance Amount	30,000.00
2	22/03/2024	MMH/MH/RECH2024010	AFFORDPLAN	Advance Amount	20,000.00
3	25/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	50,000.00
4	26/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	50,000.00
5	26/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	50,000.00
6	26/03/2024	MMH/MH/RECH2024010	UPI	Advance Amount	50,000.00
7	28/03/2024	MMH/MH/RECH2024011	AFFORDPLAN	Advance Amount	100,000.00
8	03/04/2024	MMH/MH/REDH2024070	CARD	Collected Amount	100,000.00
9	03/04/2024	MMH/MH/REDH2024070	UPI	Collected Amount	45,561.00

S.No	Description	Amount