IN PATIENT SUMMARY BILL

UHID	:	MH39341	Bill No	:	MMH/MH/IP202401701
IP No	:	IP2024001721	Bill Date	:	08/08/2024
Patient name	:	Mrs.RAJESHWARI	DOA	:	31/7/2024 6:33PM
Age	:	73 Y 2 M 5 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	52,350.00
3	BLOOD COMPONENTS	₹	2,550.00
4	DIALYSIS / DIALYZER	₹	12,200.00
5	DIET CHARGES	₹	4,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹	2,250.00
7	EQUIPMENT	₹	51,800.00
8	INTENSIVIST CHARGES	₹	15,000.00
9	LABORATORY	₹	35,400.00
10	NURSING CHARGE	₹	12,400.00
11	PHYSIOTHERAPY	₹	4,900.00
12	PROFESSIONAL TEAM FEES	₹	22,500.00
13	RADIOLOGY	₹	12,900.00
	Gross Amount	₹	**228,600.00**
	Net Payable	₹	**228,600.00**
	Advance Amount	₹	**197,500.00**
	Received Amount	₹	**31,100.00**

Received Amount in Words : Two Lakh Twenty-Eight Thousand Six Hundred Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/31/2024	MMH/MH/RECH202402928	UPI	Advance Amount	20,000.00
2	8/1/2024	MMH/MH/RECH202402943	CASH	Advance Amount	30,000.00
3	8/2/2024	MMH/MH/RECH202402974	CASH	Advance Amount	40,000.00
4	8/3/2024	MMH/MH/RECH202402979	CASH	Advance Amount	40,000.00
5	8/5/2024	MMH/MH/RECH202403001	CASH	Advance Amount	22,500.00
6	8/5/2024	MMH/MH/RECH202403010	CASH	Advance Amount	15,000.00
7	8/5/2024	MMH/MH/RECH202403011	UPI	Advance Amount	30,000.00
8	8/8/2024	MMH/MH/REDH202417341	CHEQUE	Collected Amount	14,120.00
9	8/8/2024	MMH/MH/REDH202417342	CASH	Collected Amount	16,980.00