

IN PATIENT SUMMARY BILL

UHID : MH45991

IP No : IP2024001427

Patient name : Mr.MADHUSUDAN KABRA

Age : 77 Y 6 M 12 D/Male

Bill No : MMH/MH/IP202401446

Bill Date : 05/07/2024

DOA : 25/6/2024 7:58PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 73,950.00
3	DIET CHARGES	₹ 5,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 113,800.00
6	INTENSIVIST CHARGES	₹ 21,000.00
7	LABORATORY	₹ 50,440.00
8	NURSING CHARGE	₹ 16,400.00
9	PHYSIOTHERAPY	₹ 10,000.00
10	PROFESSIONAL TEAM FEES	₹ 68,000.00
11	RADIOLOGY	₹ 4,400.00
Tax Amount : 1,072.50		
Gross Amount		₹ 366,662.50
Net Payable		₹ 366,663.00
Advance Amount		₹ 290,000.00
Received Amount		₹ 76,663.00

Received Amount in Words : Three Lakh Sixty-Six Thousand Six Hundred Sixty-Three Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/25/2024	MMH/MH/RECH202402359	CARD	Advance Amount	50,000.00
2	6/27/2024	MMH/MH/RECH202402376	CARD	Advance Amount	40,000.00
3	6/29/2024	MMH/MH/RECH202402415	CARD	Advance Amount	75,000.00
4	7/2/2024	MMH/MH/RECH202402475	CARD	Advance Amount	75,000.00
5	7/5/2024	MMH/MH/RECH202402519	CARD	Advance Amount	50,000.00
6	7/5/2024	MMH/MH/REDH202414444	CARD	Collected Amount	76,663.00