

IN PATIENT SUMMARY BILL

UHID : MHI202374787

IP No : IP2024001107

Patient name : Mr.BHOORMAL JAIN

Age : 78 Y 4 M 19 D/Male

Bill No : MMH/MH/IP202401083

Bill Date : 20/05/2024

DOA : 15/5/2024 5:36PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ELAKIYA MATHIMARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 28,000.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 21,400.00
6	GENERAL PROCEDURE	₹ 4,000.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 17,614.00
9	NURSING CHARGE	₹ 7,600.00
10	PHYSIOTHERAPY	₹ 700.00
11	PROFESSIONAL TEAM FEES	₹ 25,500.00
12	RADIOLOGY	₹ 9,970.00
Gross Amount		₹ 127,634.00
Net Payable		₹ 127,634.00
Advance Amount		₹ 60,000.00
Received Amount		₹ 67,634.00

Received Amount in Words : One Lakh Twenty-Seven Thousand Six Hundred Thirty-Four Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/05/2024	MMH/MH/RECH20240170	CARD	Advance Amount	10,000.00
2	16/05/2024	MMH/MH/RECH20240170	CARD	Advance Amount	25,000.00
3	18/05/2024	MMH/MH/RECH20240170	CARD	Advance Amount	25,000.00
4	20/05/2024	MMH/MH/REDH20241060	CHEQUE	Collected Amount	2,468.00
5	20/05/2024	MMH/MH/REDH20241060	CARD	Collected Amount	65,166.00