

**IN PATIENT SUMMARY BILL**

UHID : MMH202370931  
IP No : IP2023002818  
Patient name : Mr.GIRIDHAR  
Age : 64/Male

Bill No : MMH/MH/IP202400103  
Bill Date : 13/01/2024  
DOA : 27/12/2023 4:36PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 80,000.00
3	BLOOD COMPONENTS	₹ 4,650.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 7,000.00
6	EQUIPMENT	₹ 41,100.00
7	GENERAL PROCEDURE	₹ 4,500.00
8	INTENSIVIST CHARGES	₹ 21,000.00
9	LABORATORY	₹ 66,713.00
10	NURSING CHARGE	₹ 21,500.00
11	PHYSIOTHERAPY	₹ 11,300.00
12	PROFESSIONAL TEAM FEES	₹ 61,450.00
13	RADIOLOGY	₹ 23,520.00
14	ULTRASOUND	₹ 4,000.00

**Gross Amount** ₹ **347,583.00**

**Net Payable** ₹ **347,583.00**

**Advance Amount** ₹ **246,035.00**

**Received Amount** ₹ **101,548.00**

**Received Amount in Words** : Three Lakh Forty-Seven Thousand Five  
Hundred Eighty-Three Only

KARTHIK C  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/12/2023	MMH/MH/RECH00500	UPI	Advance Amount	20,000.00
2	28/12/2023	MMH/MH/RECH00514	UPI	Advance Amount	30,000.00
3	01/01/2024	MMH/MH/RECH2024000	UPI	Advance Amount	20,000.00
4	02/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	50,000.00
5	04/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	55,000.00
6	06/01/2024	MMH/MH/RECH2024000	UPI	Advance Amount	20,000.00
7	09/01/2024	MMH/MH/RECH2024001	CARD	Advance Amount	50,000.00
8	13/01/2024	MMH/MH/RECH2024001	CHEQUE	Advance Amount	1,035.00
9	13/01/2024	MMH/MH/REDH2024009	CARD	Collected Amount	101,548.00