

IN PATIENT SUMMARY BILL

UHID	:	MMH202371598	Bill No	:	MMH/MH/IP00106
IP No	:	IP2023002651	Bill Date	:	10/12/2023
Patient name	:	Mr.SUBRAMANIAN K	DOA	:	5/12/2023 2:57PM
Age	:	80 Y 8 M 15 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	₹ 34,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 30,900.00
5	GENERAL PROCEDURE	₹ 500.00
6	INTENSIVIST CHARGES	₹ 12,000.00
7	LABORATORY	₹ 31,804.00
8	NURSING CHARGE	₹ 8,750.00
9	PHYSIOTHERAPY	₹ 700.00
10	PROFESSIONAL TEAM FEES	₹ 24,000.00
11	RADIOLOGY	₹ 14,220.00
Gross Amount		₹ 158,124.00
Net Payable		₹ 158,124.00
Advance Amount		₹ 130,000.00
Received Amount		₹ 28,124.00

Received Amount in Words	: One Lakh Fifty-Eight Thousand One Hundred Twenty-Four Only	KARTHIK C Authorised Signature
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-05 20:59:07.353	MMH/MH/RECH00194	CARD	Advance Amount	30,000.00
2	2023-12-09 12:52:05.220	MMH/MH/RECH00241	CARD	Advance Amount	50,000.00
3	2023-12-09 12:52:05.233	MMH/MH/RECH00242	UPI	Advance Amount	50,000.00
4	2023-12-10 12:45:05.000	MMH/MH/REDH01248	CARD	Collected Amount	28,124.00