IN PATIENT SUMMARY BILL

UHID	:	MMH202372426	Bill No	:	MMH/MH/IP202400037
IP No	:	IP2023002799	Bill Date	:	06/01/2024
Patient name	:	Mrs.KARUNA RANGANATHAN	DOA	:	25/12/2023 8:14AM
Age	:	75 Y 5 M 2 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.SUPRAJA K			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	82,250.00
3	DIALYSIS / DIALYZER	₹	8,700.00
4	DUTY MEDICAL OFFICER CHARGE	₹	2,800.00
5	EQUIPMENT	₹	112,975.00
6	GENERAL PROCEDURE	₹	10,125.00
7	INTENSIVIST CHARGES	₹	28,500.00
8	LABORATORY	₹	66,792.00
9	NURSING CHARGE	₹	22,000.00
10	PACKAGE	₹	10,000.00
11	PHYSIOTHERAPY	₹	4,200.00
12	PROFESSIONAL TEAM FEES	₹	40,000.00
13	RADIOLOGY	₹	21,125.00
14	ULTRASOUND	₹	2,000.00

Gross Amount	₹	**411,817.00**
Net Payable	₹	**411,817.00**
Advance Amount	₹	**298,200.00**
Received Amount	₹	**113,617.00**

Received Amount in Words : Four Lakh Eleven Thousand Eight Hundred Seventeen Only

DINESH
Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/12/2023	MMH/MH/RECH00470	CARD	Advance Amount	50,000.00
2	28/12/2023	MMH/MH/RECH00509	CASH	Advance Amount	10,000.00
3	28/12/2023	MMH/MH/RECH00510	CARD	Advance Amount	30,000.00
4	29/12/2023	MMH/MH/RECH00543	CARD	Advance Amount	30,000.00
5	29/12/2023	MMH/MH/RECH00544	CASH	Advance Amount	5,000.00
6	30/12/2023	MMH/MH/RECH00559	CARD	Advance Amount	35,000.00
7	31/12/2023	MMH/MH/RECH00579	CARD	Advance Amount	40,000.00
8	01/01/2024	MMH/MH/RECH2024000(	CARD	Advance Amount	50,000.00
9	02/01/2024	MMH/MH/RECH2024000	UPI	Advance Amount	25,000.00
10	04/01/2024	MMH/MH/RECH2024000	UPI	Advance Amount	20,000.00
11	06/01/2024	MMH/MH/RECH2024000	CHEQUE	Advance Amount	3,200.00
12	06/01/2024	MMH/MH/REDH2024004	UPI	Collected Amount	50,000.00
13	06/01/2024	MMH/MH/REDH2024004	CARD	Collected Amount	63,617.00