

IN PATIENT SUMMARY BILL

UHID : MMH202400021

IP No : IP2024000007

Patient name : Mrs.LAKSHMI

Age : 82 Y 0 M 5 D/Female

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202400036

Bill Date : 06/01/2024

DOA : 1/1/2024 10:28PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 30,925.00
3	DIALYSIS / DIALYZER	₹ 12,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
5	EQUIPMENT	₹ 31,600.00
6	GENERAL PROCEDURE	₹ 4,500.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	INVESTIGATIONS	₹ 2,000.00
9	LABORATORY	₹ 55,862.00
10	NURSING CHARGE	₹ 7,500.00
11	PHYSIOTHERAPY	₹ 1,400.00
12	PROFESSIONAL TEAM FEES	₹ 25,000.00
13	RADIOLOGY	₹ 24,090.00
Gross Amount		₹ 206,227.00
Net Payable		₹ 206,227.00
Advance Amount		₹ 90,000.00
Received Amount		₹ 116,227.00

Received Amount in Words : Two Lakh Six Thousand Two Hundred
Twenty-Seven Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/01/2024	MMH/MH/RECH20240000	UPI	Advance Amount	10,000.00
2	02/01/2024	MMH/MH/RECH20240000	CASH	Advance Amount	30,000.00
3	04/01/2024	MMH/MH/RECH20240000	CASH	Advance Amount	50,000.00
4	06/01/2024	MMH/MH/REDH20240040	CHEQUE	Collected Amount	6,536.00
5	06/01/2024	MMH/MH/REDH20240040	CARD	Collected Amount	50,000.00
6	06/01/2024	MMH/MH/REDH20240040	CASH	Collected Amount	59,691.00