IN PATIENT SUMMARY BILL

UHID : MMH202472874 Bill No : MMH/MH/IP202400106

IP No : IP2024000076 Bill Date : 14/01/2024

Patient name Mr.DURAIRAJ DOA 9/1/2024 9:52PM

Age : 75 Y 4 M 30 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 | ₹ | 32,750.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ | 700.00 |
| 4 | EQUIPMENT | ₹ | 11,150.00 |
| 5 | GENERAL PROCEDURE | ₹ | 2,500.00 |
| 6 | INTENSIVIST CHARGES | ₹ | 12,000.00 |
| 7 | LABORATORY | ₹ | 48,513.00 |
| 8 | NURSING CHARGE | ₹ | 9,750.00 |
| 9 | PHYSIOTHERAPY | ₹ | 2,700.00 |
| 10 | PROFESSIONAL TEAM FEES | ₹ | 14,500.00 |
| 11 | RADIOLOGY | ₹ | 10,500.00 |
| 12 | ULTRASOUND | ₹ | 2,000.00 |

 Gross Amount
 ₹
 147,413.00

 Net Payable
 ₹
 147,413.00

 Advance Amount
 ₹
 80,000.00

 Received Amount
 ₹
 67,413.00

Received Amount in Words : One Lakh Forty-Seven Thousand Four Hundred DINESH

Thirteen Only Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 09/01/2024 | MMH/MH/RECH2024001: | UPI | Advance Amount | 30,000.00 |
| 2 | 11/01/2024 | MMH/MH/RECH2024001 | UPI | Advance Amount | 30,000.00 |
| 3 | 12/01/2024 | MMH/MH/RECH2024001: | AFFORDPLAN | Advance Amount | 20,000.00 |
| 4 | 14/01/2024 | MMH/MH/REDH2024010: | CHEQUE | Collected Amount | 6,150.00 |
| 5 | 14/01/2024 | MMH/MH/REDH2024010: | CASH | Collected Amount | 20,000.00 |
| 6 | 14/01/2024 | MMH/MH/REDH2024010: | AFFORDPLAN | Collected Amount | 41,263.00 |