IN PATIENT SUMMARY BILL

UHID : MMH202473670 Bill No : MMH/MH/IP202400346

IP No : IP2024000310 Bill Date : 15/02/2024

Patient name : Mr.SIVALINGAM N DOA : 8/2/2024 6:32PM

Age : 72 Y 0 M 9 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	₹	24,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹	4,500.00
4	EQUIPMENT	₹	2,000.00
5	INTENSIVIST CHARGES	₹	3,000.00
6	LABORATORY	₹	12,708.00
7	NURSING CHARGE	₹	6,800.00
8	PHYSIOTHERAPY	₹	2,000.00
9	PROFESSIONAL TEAM FEES	₹	15,500.00
10	RADIOLOGY	₹	22,800.00
11	TRANSPORT	₹	1,000.00
12	ULTRASOUND	₹	2,000.00

 Gross Amount
 ₹
 96,658.00

 Net Payable
 ₹
 96,658.00

 Advance Amount
 ₹
 85,000.00

 Received Amount
 ₹
 11,658.00

Received Amount in Words : Ninety-Six Thousand Six Hundred Fifty-Eight DINESH

Only Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/02/2024	MMH/MH/RECH2024004'	UPI	Advance Amount	50,000.00
2	10/02/2024	MMH/MH/RECH2024005	UPI	Advance Amount	15,000.00
3	13/02/2024	MMH/MH/RECH20240050	UPI	Advance Amount	20,000.00
4	15/02/2024	MMH/MH/REDH2024034	CHEQUE	Collected Amount	1,658.00
5	15/02/2024	MMH/MH/REDH2024034	UPI	Collected Amount	10,000.00