

IN PATIENT SUMMARY BILL

UHID : MMH202473787

IP No : IP2024000709

Patient name : Mr.NARAYANAN N

Age : 82 Y 1 M 22 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400730

Bill Date : 04/04/2024

DOA : 26/3/2024 5:29PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 55,800.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 37,050.00
6	INTENSIVIST CHARGES	₹ 15,000.00
7	LABORATORY	₹ 35,754.00
8	NURSING CHARGE	₹ 13,200.00
9	PHYSIOTHERAPY	₹ 6,900.00
10	PROFESSIONAL TEAM FEES	₹ 47,000.00
11	RADIOLOGY	₹ 9,740.00
Gross Amount		₹ 226,294.00
Discount Amount		₹ 26,000.00
Net Payable		₹ 200,294.00
Advance Amount		₹ 185,000.00
Received Amount		₹ 15,294.00

Received Amount in Words : Two Lakh Two Hundred Ninety-Four Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/03/2024	MMH/MH/RECH20240111	CARD	Advance Amount	50,000.00
2	02/04/2024	MMH/MH/RECH20240111	CARD	Advance Amount	25,000.00
3	02/04/2024	MMH/MH/RECH20240120	CARD	Advance Amount	50,000.00
4	04/04/2024	MMH/MH/RECH20240120	CARD	Advance Amount	60,000.00
5	04/04/2024	MMH/MH/REDH20240710	CARD	Collected Amount	15,294.00