IN PATIENT SUMMARY BILL

UHID	:	MMH202473887	Bill No	:	MMH/MH/IP202401182
IP No	:	IP2024001150	Bill Date	:	01/06/2024
Patient name	:	Mr.AZHAGESAN N	DOA	:	21/5/2024 8:29PM
Age	:	51 Y 0 M 11 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	₹	82,500.00
3	BLOOD COMPONENTS	₹	14,500.00
4	DIALYSIS / DIALYZER	₹	37,400.00
5	DIET CHARGES	₹	5,500.00
6	EQUIPMENT	₹	173,100.00
7	GENERAL PROCEDURE	₹	23,000.00
8	INJECTION CHARGES	₹	4,200.00
9	INTENSIVIST CHARGES	₹	33,000.00
10	LABORATORY	₹	119,371.00
11	NURSING CHARGE	₹	22,000.00
12	PHYSIOTHERAPY	₹	5,900.00
13	PROFESSIONAL TEAM FEES	₹	54,500.00
14	RADIOLOGY	₹	42,000.00
15	TRANSPORT	₹	2,000.00
	Gross Amount	₹	**619,321.00**
	Discount Amount	₹	**34,321.00**
	Net Payable	₹	**585,000.00**
	Advance Amount	₹	**440,000.00**
	Received Amount	₹	**145,000.00**

Received Amount in Words : Five Lakh Eighty-Five Thousand Only

SATHISH KUMAR.S

Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	15,000.00
2	22/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	25,000.00
3	24/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	50,000.00
4	24/05/2024	MMH/MH/RECH2024018	UPI	Advance Amount	30,000.00
5	25/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	60,000.00
6	26/05/2024	MMH/MH/RECH2024019	UPI	Advance Amount	50,000.00
7	27/05/2024	MMH/MH/RECH2024019	UPI	Advance Amount	50,000.00
8	27/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	50,000.00
9	29/05/2024	MMH/MH/RECH2024019	UPI	Advance Amount	20,000.00
10	29/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	50,000.00
11	30/05/2024	MMH/MH/RECH2024020	UPI	Advance Amount	40,000.00
12	01/06/2024	MMH/MH/REDH2024117	CASH	Collected Amount	145,000.00