

IN PATIENT SUMMARY BILL

UHID : MMH202474397

IP No : IP2024000512

Patient name : Mr.JAYAPAL D

Age : 62 Y 0 M 14 D/Male

Bill No : MMH/MH/IP202400592

Bill Date : 19/03/2024

DOA : 5/3/2024 8:33PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BALAMURUGAN.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,400.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 10,500.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 22,856.00
7	NURSING CHARGE	₹ 11,200.00
8	OPERATION THEATRE CHARGES	₹ 6,000.00
9	PHYSIOTHERAPY	₹ 13,000.00
10	PROFESSIONAL TEAM FEES	₹ 46,000.00
11	RADIOLOGY	₹ 1,955.00
Gross Amount		₹ 128,261.00
Net Payable		₹ 128,261.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 48,261.00

Received Amount in Words : One Lakh Twenty-Eight Thousand Two Hundred Sixty-One Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/03/2024	MMH/MH/RECH2024008	SMS Payment	Advance Amount	5,000.00
2	06/03/2024	MMH/MH/RECH2024008	AFFORDPLAN	Advance Amount	25,000.00
3	11/03/2024	MMH/MH/RECH2024008	AFFORDPLAN	Advance Amount	15,000.00
4	18/03/2024	MMH/MH/RECH2024009	AFFORDPLAN	Advance Amount	35,000.00
5	19/03/2024	MMH/MH/REDH2024060	UPI	Collected Amount	45,000.00
6	19/03/2024	MMH/MH/REDH2024060	CASH	Collected Amount	3,261.00