

IN PATIENT SUMMARY BILL

UHID : MMH202474399

IP No : IP2024000513

Patient name : Mr.KANDASAMY

Age : 74 Y 7 M 18 D/Male

Bill No : MMH/MH/IP202400542

Bill Date : 11/03/2024

DOA : 6/3/2024 6:28AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 37,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 52,350.00
5	GENERAL PROCEDURE	₹ 3,500.00
6	INTENSIVIST CHARGES	₹ 13,500.00
7	LABORATORY	₹ 42,636.00
8	NURSING CHARGE	₹ 9,800.00
9	PHYSIOTHERAPY	₹ 4,800.00
10	PROFESSIONAL TEAM FEES	₹ 28,000.00
11	RADIOLOGY	₹ 28,900.00
Gross Amount		₹ 222,536.00
Net Payable		₹ 222,536.00
Advance Amount		₹ 135,000.00
Received Amount		₹ 87,536.00

Received Amount in Words : Two Lakh Twenty-Two Thousand Five Hundred Thirty-Six Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/03/2024	MMH/MH/RECH2024008	CASH	Advance Amount	10,000.00
2	06/03/2024	MMH/MH/RECH2024008	CARD	Advance Amount	25,000.00
3	08/03/2024	MMH/MH/RECH2024008	CARD	Advance Amount	50,000.00
4	10/03/2024	MMH/MH/RECH2024008	CARD	Advance Amount	50,000.00
5	11/03/2024	MMH/MH/REDH2024054	CHEQUE	Collected Amount	1,267.00
6	11/03/2024	MMH/MH/REDH2024054	CASH	Collected Amount	50,000.00
7	11/03/2024	MMH/MH/REDH2024054	CARD	Collected Amount	36,269.00