

IN PATIENT SUMMARY BILL

UHID : MMH202475427

IP No : IP2024000770

Patient name : Mr.OLIUDDIN AHMED

Age : 64 Y 9 M 13 D/Male

Bill No : MMH/MH/IP202400788

Bill Date : 11/04/2024

DOA : 2/4/2024 3:39PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,150.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 5,500.00
6	INJECTION CHARGES	₹ 204.00
7	INTENSIVIST CHARGES	₹ 7,500.00
8	LABORATORY	₹ 21,435.00
9	NURSING CHARGE	₹ 8,200.00
10	PHARMACY CHARGE	₹ 13,061.00
11	PHYSIOTHERAPY	₹ 2,100.00
12	PROFESSIONAL TEAM FEES	₹ 15,000.00
13	RADIOLOGY	₹ 1,500.00
Gross Amount		₹ 102,500.00
Net Payable		₹ 102,500.00
Advance Amount		₹ 75,000.00
Received Amount		₹ 27,500.00

Received Amount in Words : One Lakh Two Thousand Five Hundred Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	40,000.00
2	04/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	35,000.00
3	11/04/2024	MMH/MH/REDH2024077	CARD	Collected Amount	20,000.00
4	11/04/2024	MMH/MH/REDH2024077	CASH	Collected Amount	7,500.00