IN PATIENT SUMMARY BILL

UHID	:	MMH202476390	Bill No	:	MMH/MH/IP202401012
IP No	:	IP2024001006	Bill Date	:	11/05/2024
Patient name	:	Mrs.VEDHA.S	DOA	:	2/5/2024 9:06AM
Age	:	88 Y 0 M 9 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	71,250.00
3	DIET CHARGES	₹	5,000.00
4	EQUIPMENT	₹	206,950.00
5	GENERAL PROCEDURE	₹	6,000.00
6	INJECTION CHARGES	₹	8,000.00
7	INTENSIVIST CHARGES	₹	28,500.00
8	LABORATORY	₹	73,185.00
9	NURSING CHARGE	₹	19,000.00
10	OPERATION THEATRE CHARGES	₹	12,914.00
11	PHYSIOTHERAPY	₹	12,200.00
12	PROFESSIONAL TEAM FEES	₹	80,000.00
13	RADIOLOGY	₹	40,150.00
	Gross Amount	₹	**563,499.00**
	Net Payable	₹	**563,499.00**
	Advance Amount	₹	**300,000.00**
	Received Amount	₹	**263,499.00**

Received Amount in Words : Five Lakh Sixty-Three Thousand Four Hundred Ninety-Nine Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/05/2024	MMH/MH/RECH2024015	CASH	Advance Amount	10,000.00
2	02/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	25,000.00
3	03/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	15,000.00
4	07/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	200,000.00
5	08/05/2024	MMH/MH/RECH2024016	UPI	Advance Amount	50,000.00
6	11/05/2024	MMH/MH/REDH2024099	CHEQUE	Collected Amount	8,999.00
7	11/05/2024	MMH/MH/REDH2024099	CASH	Collected Amount	254,500.00