

IN PATIENT SUMMARY BILL

UHID : MMH202476053

IP No : IP2024000927

Patient name : Mr.SURENDRAN V

Age : 57 Y 8 M 19 D/Male

Bill No : MMH/MH/IP202400908

Bill Date : 27/04/2024

DOA : 22/4/2024 6:48PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 32,400.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 42,750.00
6	INTENSIVIST CHARGES	₹ 9,000.00
7	LABORATORY	₹ 20,791.00
8	NURSING CHARGE	₹ 7,600.00
9	PACKAGE	₹ 10,000.00
10	PROFESSIONAL TEAM FEES	₹ 15,000.00
11	RADIOLOGY	₹ 4,250.00
Gross Amount		₹ 147,141.00
Net Payable		₹ 147,141.00
Advance Amount		₹ 70,000.00
Received Amount		₹ 77,141.00

Received Amount in Words : One Lakh Forty-Seven Thousand One Hundred Forty-One Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	10,000.00
2	24/04/2024	MMH/MH/RECH2024014	CASH	Advance Amount	40,000.00
3	26/04/2024	MMH/MH/RECH2024015	CASH	Advance Amount	20,000.00
4	27/04/2024	MMH/MH/REDH2024089	CHEQUE	Collected Amount	1,278.00
5	27/04/2024	MMH/MH/REDH2024089	CARD	Collected Amount	75,863.00