

IN PATIENT SUMMARY BILL

UHID : MMH202476428

IP No : IP2024001592

Patient name : Mr.RAMACHANDRAN T

Age : 81 Y 2 M 20 D/Male

Bill No : MMH/MH/IP202401580

Bill Date : 23/07/2024

DOA : 15/7/2024 8:40PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAY ALAGAPPAN S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 53,400.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 4,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	EQUIPMENT	₹ 50,950.00
7	GENERAL PROCEDURE	₹ 1,000.00
8	INTENSIVIST CHARGES	₹ 18,000.00
9	LABORATORY	₹ 46,990.00
10	NURSING CHARGE	₹ 13,600.00
11	PHYSIOTHERAPY	₹ 8,200.00
12	PROFESSIONAL TEAM FEES	₹ 35,000.00
13	RADIOLOGY	₹ 24,520.00
14	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 261,060.00
Net Payable		₹ 261,060.00
Advance Amount		₹ 125,000.00
Received Amount		₹ 136,060.00

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

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/15/2024	MMH/MH/RECH2024026	UPI	Advance Amount	25,000.00
2	7/19/2024	MMH/MH/RECH2024027	CASH	Advance Amount	70,000.00
3	7/20/2024	MMH/MH/RECH2024027	CASH	Advance Amount	30,000.00
4	7/23/2024	MMH/MH/REDH2024161	CARD	Collected Amount	133,264.00
5	7/23/2024	MMH/MH/REDH2024161	CHEQUE	Collected Amount	2,796.00