

IN PATIENT SUMMARY BILL

UHID : MHP202400809

IP No : IP2024001332

Patient name : Mrs.INDRA P

Age : 91 Y 0 M 15 D/Female

Bill No : MMH/MH/IP202401337

Bill Date : 23/06/2024

DOA : 15/6/2024 3:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 67,500.00
3	DIET CHARGES	₹ 4,500.00
4	EQUIPMENT	₹ 59,100.00
5	GENERAL PROCEDURE	₹ 500.00
6	INTENSIVIST CHARGES	₹ 27,000.00
7	LABORATORY	₹ 100,481.00
8	NURSING CHARGE	₹ 18,000.00
9	PHYSIOTHERAPY	₹ 3,500.00
10	PROFESSIONAL TEAM FEES	₹ 58,000.00
11	RADIOLOGY	₹ 17,200.00
Gross Amount		₹ 356,131.00
Net Payable		₹ 356,131.00
Advance Amount		₹ 280,000.00
Received Amount		₹ 76,131.00

Received Amount in Words : Three Lakh Fifty-Six Thousand One Hundred Thirty-One Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/15/2024	MMH/MH/RECH202402189	CASH	Advance Amount	50,000.00
2	6/17/2024	MMH/MH/RECH202402221	CARD	Advance Amount	50,000.00
3	6/18/2024	MMH/MH/RECH202402234	CARD	Advance Amount	30,000.00
4	6/18/2024	MMH/MH/RECH202402235	CASH	Advance Amount	30,000.00
5	6/19/2024	MMH/MH/RECH202402248	UPI	Advance Amount	30,000.00
6	6/20/2024	MMH/MH/RECH202402273	CASH	Advance Amount	25,000.00
7	6/20/2024	MMH/MH/RECH202402274	NEFT	Advance Amount	15,000.00
8	6/21/2024	MMH/MH/RECH202402294	CASH	Advance Amount	25,000.00
9	6/22/2024	MMH/MH/RECH202402314	CASH	Advance Amount	25,000.00
10	6/23/2024	MMH/MH/REDH202413465	CHEQUE	Collected Amount	15,169.00
11	6/23/2024	MMH/MH/REDH202413466	CASH	Collected Amount	60,962.00