IN PATIENT SUMMARY BILL

UHID : MMH202478121 Bill No : MMH/MH/IP202401307

: 20/06/2024 : IP2024001336 IP No Bill Date

Patient name : Mr.ABDUL AZIZ : 15/6/2024 2:21PM DOA

: 66 Y 10 M 6 D/Male DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	100,000.00
3	BLOOD COMPONENTS		₹	2,550.00
4	DIET CHARGES		₹	1,000.00
5	EQUIPMENT		₹	48,000.00
6	INTENSIVIST CHARGES		₹	15,000.00
7	LABORATORY		₹	47,700.00
8	NURSING CHARGE		₹	10,000.00
9	PHYSIOTHERAPY		₹	3,500.00
10	PROFESSIONAL TEAM FEES		₹	21,500.00
11	RADIOLOGY		₹	13,900.00
12	TRANSPORT		₹	1,500.00
		Gross Amount	₹	265,000.00
		Net Payable	₹	265,000.00

Advance Amount ₹ 265,000.00 **Received Amount** ₹ 0.00

Received Amount in Words : Two Lakh Sixty-Five Thousand Only SATHISH KUMAR.S

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/15/2024	MMH/MH/RECH202402192	CARD	Advance Amount	25,000.00
2	6/18/2024	MMH/MH/RECH202402242	CARD	Advance Amount	20,000.00
3	6/20/2024	MMH/MH/RECH202402266	UPI	Advance Amount	2,000.00
4	6/20/2024	MMH/MH/RECH202402267	UPI	Advance Amount	48,000.00
5	6/20/2024	MMH/MH/RECH202402268	UPI	Advance Amount	50,000.00
6	6/20/2024	MMH/MH/RECH202402276	UPI	Advance Amount	30,000.00
7	6/20/2024	MMH/MH/RECH202402277	CARD	Advance Amount	70,000.00
8	6/20/2024	MMH/MH/RECH202402278	CARD	Advance Amount	20,000.00