

IN PATIENT SUMMARY BILL

UHID : MHP202400851

IP No : IP2024001748

Patient name : Mr.ANANDHAN .G

Age : 44 Y 7 M 14 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401706

Bill Date : 09/08/2024

DOA : 5/8/2024 9:45AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,600.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 11,500.00
6	GENERAL PROCEDURE	₹ 3,500.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 13,828.00
9	NURSING CHARGE	₹ 6,800.00
10	PHYSIOTHERAPY	₹ 4,200.00
11	PROFESSIONAL TEAM FEES	₹ 27,000.00
12	RADIOLOGY	₹ 2,250.00
Gross Amount		₹ 104,278.00
Net Payable		₹ 104,278.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 54,278.00

Received Amount in Words : One Lakh Four Thousand Two Hundred Seventy-Eight Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/5/2024	MMH/MH/RECH202403000	CASH	Advance Amount	30,000.00
2	8/8/2024	MMH/MH/RECH202403056	CASH	Advance Amount	20,000.00
3	8/9/2024	MMH/MH/REDH202417384	CHEQUE	Collected Amount	1,720.00
4	8/9/2024	MMH/MH/REDH202417385	UPI	Collected Amount	52,558.00