IN PATIENT SUMMARY BILL

UHID : MMH202478136 Bill No : MMH/MH/IP202401396

: IP2024001340 : 29/06/2024 Bill Date IP No

Patient name : Ms.CELINE : 15/6/2024 9:00PM DOA

44 Y 10 M 28 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.T.PALANIAPPAN

1 ADMINISTRATION CHARGES ₹ 350.00 2 BED CHARGES ₹ 84,000.00 3 DIET CHARGES ₹ 2,000.00 4 DUTY MEDICAL OFFICER CHARGE ₹ 5,625.00 5 EQUIPMENT ₹ 23,000.00 6 GENERAL PROCEDURE ₹ 5,000.00 7 INTENSIVIST CHARGES ₹ 21,000.00 8 LABORATORY ₹ 84,328.00 9 NURSING CHARGE ₹ 2,000.00 10 PHYSIOTHERAPY ₹ 2,800.00 11 PROFESSIONAL TEAM FEES ₹ 52,500.00 12 RADIOLOGY ₹ 324,348.00 Gross Amount Net Payable ₹ 324,348.00	S.No	Description			Amount
3 DIET CHARGES ₹ 2,000.00 4 DUTY MEDICAL OFFICER CHARGE ₹ 5,625.00 5 EQUIPMENT ₹ 23,000.00 6 GENERAL PROCEDURE ₹ 5,000.00 7 INTENSIVIST CHARGES ₹ 21,000.00 8 LABORATORY ₹ 84,328.00 9 NURSING CHARGE ₹ 20,000.00 10 PHYSIOTHERAPY ₹ 2,800.00 11 PROFESSIONAL TEAM FEES ₹ 52,500.00 12 RADIOLOGY ₹ 324,348.00	1	ADMINISTRATION CHARGES		₹	350.00
4 DUTY MEDICAL OFFICER CHARGE ₹ 5,625.00 5 EQUIPMENT ₹ 23,000.00 6 GENERAL PROCEDURE ₹ 5,000.00 7 INTENSIVIST CHARGES ₹ 21,000.00 8 LABORATORY ₹ 84,328.00 9 NURSING CHARGE ₹ 20,000.00 10 PHYSIOTHERAPY ₹ 2,800.00 11 PROFESSIONAL TEAM FEES ₹ 52,500.00 12 RADIOLOGY ₹ 23,745.00 Gross Amount Image: Content of the property of the	2	BED CHARGES		₹	84,000.00
5 EQUIPMENT ₹ 23,000.00 6 GENERAL PROCEDURE ₹ 5,000.00 7 INTENSIVIST CHARGES ₹ 21,000.00 8 LABORATORY ₹ 84,328.00 9 NURSING CHARGE ₹ 20,000.00 10 PHYSIOTHERAPY ₹ 2,800.00 11 PROFESSIONAL TEAM FEES ₹ 52,500.00 12 RADIOLOGY ₹ 23,745.00 Gross Amount ₹ 324,348.00	3	DIET CHARGES		₹	2,000.00
6 GENERAL PROCEDURE ₹ 5,000.00 7 INTENSIVIST CHARGES ₹ 21,000.00 8 LABORATORY ₹ 84,328.00 9 NURSING CHARGE ₹ 20,000.00 10 PHYSIOTHERAPY ₹ 2,800.00 11 PROFESSIONAL TEAM FEES ₹ 52,500.00 12 RADIOLOGY ₹ 324,348.00	4	DUTY MEDICAL OFFICER CHARGE		₹	5,625.00
7 INTENSIVIST CHARGES ₹ 21,000.00 8 LABORATORY ₹ 84,328.00 9 NURSING CHARGE ₹ 20,000.00 10 PHYSIOTHERAPY ₹ 2,800.00 11 PROFESSIONAL TEAM FEES ₹ 52,500.00 12 RADIOLOGY ₹ 324,348.00	5	EQUIPMENT		₹	23,000.00
8 LABORATORY ₹ 84,328.00 9 NURSING CHARGE ₹ 20,000.00 10 PHYSIOTHERAPY ₹ 2,800.00 11 PROFESSIONAL TEAM FEES ₹ 52,500.00 12 RADIOLOGY ₹ 23,745.00	6	GENERAL PROCEDURE		₹	5,000.00
9 NURSING CHARGE 10 PHYSIOTHERAPY 11 PROFESSIONAL TEAM FEES 12 RADIOLOGY 13 RADIOLOGY 14 Gross Amount	7	INTENSIVIST CHARGES		₹	21,000.00
10 PHYSIOTHERAPY ₹ 2,800.00 11 PROFESSIONAL TEAM FEES ₹ 52,500.00 12 RADIOLOGY ₹ 23,745.00 Gross Amount ₹ 324,348.00	8	LABORATORY		₹	84,328.00
11 PROFESSIONAL TEAM FEES ₹ 52,500.00 12 RADIOLOGY ₹ 23,745.00 Gross Amount ₹ 324,348.00	9	NURSING CHARGE		₹	20,000.00
12 RADIOLOGY ₹ 23,745.00 Gross Amount ₹ 324,348.00	10	PHYSIOTHERAPY		₹	2,800.00
Gross Amount ₹ 324,348.00	11	PROFESSIONAL TEAM FEES		₹	52,500.00
2-3,4 1000	12	RADIOLOGY		₹	23,745.00
Net Payable ₹ 324,348.00			Gross Amount	₹	324,348.00
			Net Payable	₹	324,348.00

Advance Amount ₹ 275,000.00 **Received Amount** ₹ 49,348.00

Received Amount in Words : Three Lakh Twenty-Four Thousand Three Hundred SUDHA.M Forty-Eight Only **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/15/2024	MMH/MH/RECH202402197	CARD	Advance Amount	30,000.00
2	6/17/2024	MMH/MH/RECH202402212	CARD	Advance Amount	35,000.00
3	6/18/2024	MMH/MH/RECH202402233	UPI	Advance Amount	30,000.00
4	6/19/2024	MMH/MH/RECH202402246	UPI	Advance Amount	25,000.00
5	6/21/2024	MMH/MH/RECH202402293	UPI	Advance Amount	50,000.00
6	6/22/2024	MMH/MH/RECH202402308	UPI	Advance Amount	30,000.00
7	6/25/2024	MMH/MH/RECH202402350	CARD	Advance Amount	20,000.00
8	6/25/2024	MMH/MH/RECH202402355	UPI	Advance Amount	25,000.00
9	6/29/2024	MMH/MH/RECH202402418	CARD	Advance Amount	30,000.00
10	6/29/2024	MMH/MH/REDH202413977	CARD	Collected Amount	49,348.00