

IN PATIENT SUMMARY BILL

UHID : MHP202400860

IP No : IP2024001401

Patient name : Mrs.RADHAMMAL

Age : 77 Y 2 M 25 D/Female

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401398

Bill Date : 30/06/2024

DOA : 22/6/2024 10:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 24,750.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 58,950.00
4	DIET CHARGES	₹ 4,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
6	EQUIPMENT	₹ 97,000.00
7	GENERAL PROCEDURE	₹ 3,500.00
8	INTENSIVIST CHARGES	₹ 15,000.00
9	LABORATORY	₹ 58,069.00
10	NURSING CHARGE	₹ 12,400.00
11	PACKAGE	₹ 10,000.00
12	PHYSIOTHERAPY	₹ 2,800.00
13	PROFESSIONAL TEAM FEES	₹ 35,000.00
14	RADIOLOGY	₹ 13,680.00
Tax Amount : 1,072.50		Gross Amount ₹ 339,321.50
		Net Payable ₹ 339,322.00
		Advance Amount ₹ 295,000.00
		Received Amount ₹ 44,322.00
Received Amount in Words : Three Lakh Thirty-Nine Thousand Three Hundred Twenty-Two Only		SUDHA.M Authorised Signature

S.No	Description	Amount
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Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/22/2024	MMH/MH/RECH202402306	UPI	Advance Amount	10,000.00
2	6/22/2024	MMH/MH/RECH202402309	CARD	Advance Amount	20,000.00
3	6/23/2024	MMH/MH/RECH202402328	CASH	Advance Amount	50,000.00
4	6/24/2024	MMH/MH/RECH202402339	CASH	Advance Amount	40,000.00
5	6/26/2024	MMH/MH/RECH202402369	UPI	Advance Amount	40,000.00
6	6/26/2024	MMH/MH/RECH202402370	CASH	Advance Amount	30,000.00
7	6/27/2024	MMH/MH/RECH202402374	CARD	Advance Amount	75,000.00
8	6/29/2024	MMH/MH/RECH202402420	CASH	Advance Amount	30,000.00
9	6/30/2024	MMH/MH/REDH202414006	CHEQUE	Collected Amount	1,674.00
10	6/30/2024	MMH/MH/REDH202414007	CASH	Collected Amount	42,500.00
11	6/30/2024	MMH/MH/REDH202414008	UPI	Collected Amount	148.00