

IN PATIENT SUMMARY BILL

UHID : MHP202400862

IP No : IP2024001378

Patient name : Mrs.JAYA

Age : 58 Y 5 M 26 D/Female

Bill No : MMH/MH/IP202401381

Bill Date : 27/06/2024

DOA : 19/6/2024 2:45PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 28,000.00
3	DIET CHARGES	₹ 4,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	EQUIPMENT	₹ 16,900.00
6	GENERAL PROCEDURE	₹ 5,000.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 48,166.00
9	NURSING CHARGE	₹ 10,000.00
10	PHYSIOTHERAPY	₹ 2,100.00
11	PROFESSIONAL TEAM FEES	₹ 48,000.00
12	RADIOLOGY	₹ 16,880.00
Gross Amount		₹ 192,146.00
Net Payable		₹ 192,146.00
Advance Amount		₹ 145,000.00
Received Amount		₹ 47,146.00

Received Amount in Words : One Lakh Ninety-Two Thousand One Hundred Forty-Six Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/19/2024	MMH/MH/RECH202402259	CARD	Advance Amount	10,000.00
2	6/20/2024	MMH/MH/RECH202402282	CARD	Advance Amount	10,000.00
3	6/21/2024	MMH/MH/RECH202402295	CARD	Advance Amount	10,000.00
4	6/23/2024	MMH/MH/RECH202402325	CASH	Advance Amount	50,000.00
5	6/24/2024	MMH/MH/RECH202402337	CASH	Advance Amount	25,000.00
6	6/25/2024	MMH/MH/RECH202402348	CASH	Advance Amount	40,000.00
7	6/27/2024	MMH/MH/REDH202413791	CHEQUE	Collected Amount	1,388.00
8	6/27/2024	MMH/MH/REDH202413792	CASH	Collected Amount	17,000.00
9	6/27/2024	MMH/MH/REDH202413793	UPI	Collected Amount	28,758.00