IN PATIENT SUMMARY BILL

UHID	:	MMH202478451	Bill No	:	MMH/MH/IP202401425
IP No	:	IP2024001409	Bill Date	:	02/07/2024
Patient name	:	Mr.DEVARAJ A	DOA	:	23/6/2024 5:33PM
Age	:	76 Y 0 M 9 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	43,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹	3,750.00
4	EQUIPMENT	₹	21,950.00
5	GENERAL PROCEDURE	₹	6,200.00
6	INTENSIVIST CHARGES	₹	15,000.00
7	LABORATORY	₹	41,628.00
8	NURSING CHARGE	₹	14,000.00
9	PHYSIOTHERAPY	₹	10,100.00
10	PROFESSIONAL TEAM FEES	₹	21,500.00
11	RADIOLOGY	₹	21,000.00
	Gross Amount	₹	**198,478.00**
	Net Payable	₹	**198,478.00**
	Advance Amount	₹	**130,000.00**
	Received Amount	₹	**68,478.00**

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

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/23/2024	MMH/MH/RECH202402329	CARD	Advance Amount	10,000.00
2	6/24/2024	MMH/MH/RECH202402333	CASH	Advance Amount	20,000.00
3	6/24/2024	MMH/MH/RECH202402341	CASH	Advance Amount	10,000.00
4	6/26/2024	MMH/MH/RECH202402366	CASH	Advance Amount	10,000.00
5	6/27/2024	MMH/MH/RECH202402389	CASH	Advance Amount	10,000.00
6	6/28/2024	MMH/MH/RECH202402397	CASH	Advance Amount	20,000.00
7	6/29/2024	MMH/MH/RECH202402414	CASH	Advance Amount	50,000.00
8	7/2/2024	MMH/MH/REDH202414245	CHEQUE	Collected Amount	4,357.00
9	7/2/2024	MMH/MH/REDH202414246	CASH	Collected Amount	64,121.00