IN PATIENT SUMMARY BILL

UHID	:	MMH202478615	Bill No	:	MMH/MH/IP202401462
IP No	:	IP2024001440	Bill Date	:	08/07/2024
Patient name	:	Mr.CHRISTOPHER DHARMA SIROMANI B	DOA	:	27/6/2024 2:27PM
Age	:	62 Y 1 M 0 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description		Amount
1	ACCOMMODATION	₹	7,425.00
2	ADMINISTRATION CHARGES	₹	350.00
3	BED CHARGES	₹	81,875.00
4	DIET CHARGES	₹	6,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,125.00
6	EQUIPMENT	₹	184,900.00
7	GENERAL PROCEDURE	₹	24,700.00
8	INJECTION CHARGES	₹	3,600.00
9	INTENSIVIST CHARGES	₹	30,000.00
10	LABORATORY	₹	111,627.00
11	NURSING CHARGE	₹	21,200.00
12	PHYSIOTHERAPY	₹	8,900.00
13	PROFESSIONAL TEAM FEES	₹	60,500.00
14	RADIOLOGY	₹	42,075.00
	Gross Amount	₹	**584,677.00**
	Net Payable	₹	**584,677.00**
	Advance Amount	₹	**560,000.00**
	Received Amount	₹	**24,677.00**

Received Amount in Words : Five Lakh Eighty-Four Thousand Six Hundred Seventy-Seven Only

SUDHA.M
Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/27/2024	MMH/MH/RECH202402384	UPI	Advance Amount	30,000.00
2	6/29/2024	MMH/MH/RECH202402411	CASH	Advance Amount	30,000.00
3	7/2/2024	MMH/MH/RECH202402463	CASH	Advance Amount	50,000.00
4	7/2/2024	MMH/MH/RECH202402472	CASH	Advance Amount	150,000.00
5	7/3/2024	MMH/MH/RECH202402482	CARD	Advance Amount	50,000.00
6	7/6/2024	MMH/MH/RECH202402527	CARD	Advance Amount	50,000.00
7	7/6/2024	MMH/MH/RECH202402529	CARD	Advance Amount	30,000.00
8	7/6/2024	MMH/MH/RECH202402538	CARD	Advance Amount	50,000.00
9	7/7/2024	MMH/MH/RECH202402545	CARD	Advance Amount	50,000.00
10	7/7/2024	MMH/MH/RECH202402546	CARD	Advance Amount	50,000.00
11	7/7/2024	MMH/MH/RECH202402547	CARD	Advance Amount	20,000.00
12	7/8/2024	MMH/MH/REDH202414641	UPI	Collected Amount	24,677.00