

IN PATIENT SUMMARY BILL

UHID : MMH202479197

IP No : IP2024001568

Patient name : Mr.RANJIT PAUL

Age : 49 Y 0 M 4 D/Male

Bill No : MMH/MH/IP202401510

Bill Date : 16/07/2024

DOA : 12/7/2024 8:24AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,400.00
3	BLOOD COMPONENTS	₹ 21,450.00
4	DIET CHARGES	₹ 2,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	GENERAL PROCEDURE	₹ 450.00
7	LABORATORY	₹ 28,543.00
8	NURSING CHARGE	₹ 3,200.00
9	OPERATION THEATRE CHARGES	₹ 7,550.00
10	PHARMACY CHARGE	₹ 46,116.00
11	PHYSIOTHERAPY	₹ 500.00
12	PROFESSIONAL TEAM FEES	₹ 44,500.00
13	RADIOLOGY	₹ 9,315.00
Gross Amount		₹ 171,374.00
Net Payable		₹ 171,374.00
Advance Amount		₹ 156,500.00
Received Amount		₹ 14,874.00

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

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/12/2024	MMH/MH/RECH202402622	UPI	Advance Amount	17,000.00
2	7/12/2024	MMH/MH/RECH202402623	UPI	Advance Amount	3,000.00
3	7/13/2024	MMH/MH/RECH202402630	UPI	Advance Amount	0.00
4	7/13/2024	MMH/MH/RECH202402638	UPI	Advance Amount	1,500.00
5	7/14/2024	MMH/MH/RECH202402646	UPI	Advance Amount	30,000.00
6	7/15/2024	MMH/MH/RECH202402671	UPI	Advance Amount	45,000.00
7	7/16/2024	MMH/MH/RECH202402677	UPI	Advance Amount	30,000.00
8	7/16/2024	MMH/MH/RECH202402678	CARD	Advance Amount	20,000.00
9	7/16/2024	MMH/MH/RECH202402679	CARD	Advance Amount	10,000.00
10	7/16/2024	MMH/MH/REDH202415474	CASH	Collected Amount	14,874.00

S.No	Description	Amount
------	-------------	--------