

IN PATIENT SUMMARY BILL

UHID : MHP202400963

IP No : IP2024001710

Patient name : Mr.HARIDOSS J

Age : 59 Y 11 M 23 D/Male

Bill No : MMH/MH/IP202401683

Bill Date : 04/08/2024

DOA : 30/7/2024 8:34PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 37,500.00
3	BLOOD COMPONENTS	₹ 10,300.00
4	EQUIPMENT	₹ 122,150.00
5	GENERAL PROCEDURE	₹ 29,667.00
6	INJECTION CHARGES	₹ 8,000.00
7	INTENSIVIST CHARGES	₹ 15,000.00
8	LABORATORY	₹ 77,025.00
9	NURSING CHARGE	₹ 10,000.00
10	OTHER ADDITION	₹ 300.00
11	PHYSIOTHERAPY	₹ 700.00
12	PROFESSIONAL TEAM FEES	₹ 57,500.00
13	RADIOLOGY	₹ 11,675.00
14	TRANSPORT	₹ 3,000.00
Gross Amount		₹ 383,167.00
Net Payable		₹ 383,167.00
Advance Amount		₹ 370,000.00
Received Amount		₹ 13,167.00

Received Amount in Words : Three Lakh Eighty-Three Thousand One Hundred Sixty-Seven Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/30/2024	MMH/MH/RECH202402911	UPI	Advance Amount	30,000.00
2	8/1/2024	MMH/MH/RECH202402950	CARD	Advance Amount	50,000.00
3	8/1/2024	MMH/MH/RECH202402951	CARD	Advance Amount	50,000.00
4	8/4/2024	MMH/MH/RECH202402995	CARD	Advance Amount	50,000.00
5	8/4/2024	MMH/MH/RECH202402996	CARD	Advance Amount	50,000.00
6	8/4/2024	MMH/MH/RECH202402997	CARD	Advance Amount	50,000.00
7	8/4/2024	MMH/MH/RECH202402998	UPI	Advance Amount	50,000.00
8	8/4/2024	MMH/MH/RECH202402999	UPI	Advance Amount	40,000.00
9	8/4/2024	MMH/MH/REDH202417005	CHEQUE	Collected Amount	13,167.00