

IN PATIENT SUMMARY BILL

UHID : MHI202484917

IP No : IP2024001728

Patient name : Mr.BALAKRISHNAN

Age : 76 Y 3 M 27 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401720

Bill Date : 10/08/2024

DOA : 1/8/2024 6:32PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 48,500.00
3	DIALYSIS / DIALYZER	₹ 32,500.00
4	DIET CHARGES	₹ 5,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	EQUIPMENT	₹ 85,850.00
7	INTENSIVIST CHARGES	₹ 15,000.00
8	LABORATORY	₹ 60,613.00
9	NURSING CHARGE	₹ 13,200.00
10	PHYSIOTHERAPY	₹ 8,200.00
11	PROFESSIONAL TEAM FEES	₹ 54,000.00
12	RADIOLOGY	₹ 10,970.00
Gross Amount		₹ 337,683.00
Net Payable		₹ 337,683.00
Advance Amount		₹ 320,000.00
Received Amount		₹ 17,683.00

Received Amount in Words : Three Lakh Thirty-Seven Thousand Six Hundred Eighty-Three Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/1/2024	MMH/MH/RECH202402959	UPI	Advance Amount	10,000.00
2	8/1/2024	MMH/MH/RECH202402960	CARD	Advance Amount	10,000.00
3	8/3/2024	MMH/MH/RECH202402982	CARD	Advance Amount	50,000.00
4	8/8/2024	MMH/MH/RECH202403045	CASH	Advance Amount	30,000.00
5	8/8/2024	MMH/MH/RECH202403046	CARD	Advance Amount	20,000.00
6	8/10/2024	MMH/MH/RECH202403081	CARD	Advance Amount	150,000.00
7	8/10/2024	MMH/MH/RECH202403082	CARD	Advance Amount	50,000.00
8	8/10/2024	MMH/MH/REDH202417515	CHEQUE	Collected Amount	1,003.00
9	8/10/2024	MMH/MH/REDH202417516	CARD	Collected Amount	16,680.00