

IN PATIENT SUMMARY BILL

UHID : MHP202400977

IP No : IP2024002228

Patient name : Mr.TEEBAN T

Age : 73 Y 1 M 8 D/Male

Consultant Name : Dr.KRISHNAVENI . R

Bill No : MMH/MH/IP202402177

Bill Date : 10/10/2024

DOA : 7/10/2024 3:22PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,200.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 33,350.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 22,465.00
8	NURSING CHARGE	₹ 4,800.00
9	PHYSIOTHERAPY	₹ 3,500.00
10	PROFESSIONAL TEAM FEES	₹ 17,000.00
11	RADIOLOGY	₹ 7,150.00
Gross Amount		₹ 116,565.00
Net Payable		₹ 116,565.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 36,565.00

Received Amount in Words : One Lakh Sixteen Thousand Five Hundred Sixty-Five Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/8/2024	MMH/MH/RECH202403958	UPI	Advance Amount	30,000.00
2	10/10/2024	MMH/MH/RECH202403998	UPI	Advance Amount	40,000.00
3	10/10/2024	MMH/MH/REDH202422332	UPI	Collected Amount	36,565.00
4	10/7/2024	MMH/MH/RECH202403937	CASH	Advance Amount	10,000.00