

IN PATIENT SUMMARY BILL

UHID : MMH202479891

IP No : IP2024001685

Patient name : Mr.N RAMANATHAN

Age : 85 Y 2 M 23 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401669

Bill Date : 02/08/2024

DOA : 27/7/2024 8:44PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,100.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 3,600.00
6	GENERAL PROCEDURE	₹ 3,000.00
7	LABORATORY	₹ 55,937.00
8	NURSING CHARGE	₹ 4,800.00
9	OP CHARGES	₹ 1,000.00
10	PROFESSIONAL TEAM FEES	₹ 44,000.00
11	RADIOLOGY	₹ 69,600.00
12	TRANSPORT	₹ 3,500.00
Gross Amount		₹ 216,387.00
Net Payable		₹ 216,387.00
Advance Amount		₹ 185,000.00
Received Amount		₹ 31,387.00

Received Amount in Words : Two Lakh Sixteen Thousand Three Hundred Eighty-Seven Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/27/2024	MMH/MH/RECH202402867	CASH	Advance Amount	10,000.00
2	7/30/2024	MMH/MH/RECH202402894	CARD	Advance Amount	10,000.00
3	7/30/2024	MMH/MH/RECH202402895	CASH	Advance Amount	25,000.00
4	7/31/2024	MMH/MH/RECH202402919	CASH	Advance Amount	20,000.00
5	7/31/2024	MMH/MH/RECH202402923	UPI	Advance Amount	3,000.00
6	7/31/2024	MMH/MH/RECH202402924	UPI	Advance Amount	47,000.00
7	8/1/2024	MMH/MH/RECH202402941	CARD	Advance Amount	20,000.00
8	8/1/2024	MMH/MH/RECH202402945	UPI	Advance Amount	25,000.00
9	8/2/2024	MMH/MH/RECH202402971	UPI	Advance Amount	25,000.00
10	8/2/2024	MMH/MH/REDH202416881	CARD	Collected Amount	25,000.00
11	8/2/2024	MMH/MH/REDH202416882	CASH	Collected Amount	6,387.00

S.No	Description	Amount
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