

IN PATIENT SUMMARY BILL

UHID : MMH202479891

IP No : IP2024001797

Patient name : Mr.N RAMANATHAN

Age : 85 Y 3 M 9 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401777

Bill Date : 19/08/2024

DOA : 12/8/2024 1:03PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 36,175.00
3	DIET CHARGES	₹ 4,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
5	EQUIPMENT	₹ 14,900.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 38,188.00
8	NURSING CHARGE	₹ 8,400.00
9	PHYSIOTHERAPY	₹ 2,100.00
10	PROFESSIONAL TEAM FEES	₹ 38,500.00
11	RADIOLOGY	₹ 16,700.00
12	TRANSPORT	₹ 3,500.00
Gross Amount		₹ 173,438.00
Net Payable		₹ 173,438.00
Advance Amount		₹ 165,000.00
Received Amount		₹ 8,438.00

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

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/12/2024	MMH/MH/RECH202403099	CASH	Advance Amount	50,000.00
2	8/13/2024	MMH/MH/RECH202403123	CARD	Advance Amount	40,000.00
3	8/16/2024	MMH/MH/RECH202403162	CASH	Advance Amount	25,000.00
4	8/19/2024	MMH/MH/RECH202403191	CASH	Advance Amount	50,000.00
5	8/19/2024	MMH/MH/REDH202418110	CHEQUE	Collected Amount	5,521.00
6	8/19/2024	MMH/MH/REDH202418111	CASH	Collected Amount	2,917.00