

IN PATIENT SUMMARY BILL

UHID : MHI202485164

IP No : IP2024001864

Patient name : Mr.NEELAKANDAN K

Age : 47 Y 11 M 29 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401874

Bill Date : 30/08/2024

DOA : 20/8/2024 12:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 47,725.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,375.00
5	EQUIPMENT	₹ 17,000.00
6	GENERAL PROCEEDURE	₹ 1,750.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 64,919.00
9	NURSING CHARGE	₹ 10,800.00
10	PROFESSIONAL TEAM FEES	₹ 41,500.00
11	RADIOLOGY	₹ 9,220.00
Gross Amount		₹ 207,639.00
Net Payable		₹ 207,639.00
Advance Amount		₹ 170,000.00
Received Amount		₹ 37,639.00

Received Amount in Words : Two Lakh Seven Thousand Six Hundred Thirty-Nine Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/30/2024	MMH/MH/REDH202419035	CHEQUE	Collected Amount	2,236.00
2	8/20/2024	MMH/MH/RECH202403214	CARD	Advance Amount	10,000.00
3	8/22/2024	MMH/MH/RECH202403243	CARD	Advance Amount	30,000.00
4	8/23/2024	MMH/MH/RECH202403257	CARD	Advance Amount	20,000.00
5	8/25/2024	MMH/MH/RECH202403280	CARD	Advance Amount	30,000.00
6	8/29/2024	MMH/MH/RECH202403334	CARD	Advance Amount	40,000.00
7	8/30/2024	MMH/MH/RECH202403357	CARD	Advance Amount	40,000.00
8	8/30/2024	MMH/MH/REDH202419033	CARD	Collected Amount	15,403.00
9	8/30/2024	MMH/MH/REDH202419034	CASH	Collected Amount	20,000.00