IN PATIENT SUMMARY BILL

UHID	:	MMH202480639	Bill No	:	MMH/MH/IP202401856
IP No	:	IP2024001837	Bill Date	:	29/08/2024
Patient name	:	Mr.SUGAVANAM.D	DOA	:	17/8/2024 4:30AM
Age	:	84 Y 2 M 30 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.T.PALANIAPPAN			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	93,750.00
3	DIALYSIS / DIALYZER	₹	21,800.00
4	DIET CHARGES	₹	6,000.00
5	EQUIPMENT	₹	218,400.00
6	GENERAL PROCEEDURE	₹	16,000.00
7	INJECTION CHARGES	₹	1,000.00
8	INTENSIVIST CHARGES	₹	37,500.00
9	LABORATORY	₹	122,965.00
10	NURSING CHARGE	₹	25,000.00
11	PHYSIOTHERAPY	₹	7,000.00
12	PROFESSIONAL TEAM FEES	₹	59,000.00
13	RADIOLOGY	₹	20,300.00
	Gross Amount	₹	**629,065.00**
	Net Payable	₹	**629,065.00**
	Advance Amount	₹	**580,000.00**
	Received Amount	₹	**49,065.00**

Received Amount in Words : Six Lakh Twenty-Nine Thousand Sixty-Five Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/29/2024	MMH/MH/REDH202418904	CHEQUE	Collected Amount	12,840.00
2	8/17/2024	MMH/MH/RECH202403166	UPI	Advance Amount	50,000.00
3	8/18/2024	MMH/MH/RECH202403185	CARD	Advance Amount	90,000.00
4	8/20/2024	MMH/MH/RECH202403204	CARD	Advance Amount	90,000.00
5	8/22/2024	MMH/MH/RECH202403244	CARD	Advance Amount	100,000.00
6	8/25/2024	MMH/MH/RECH202403284	CARD	Advance Amount	100,000.00
7	8/27/2024	MMH/MH/RECH202403306	CARD	Advance Amount	150,000.00
8	8/29/2024	MMH/MH/REDH202418905	CARD	Collected Amount	36,225.00