

IN PATIENT SUMMARY BILL

UHID : MMH202480670

IP No : IP2024001865

Patient name : Mr.CHANDRASEKAR T

Age : 73 Y 3 M 17 D/Male

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401857

Bill Date : 29/08/2024

DOA : 20/8/2024 3:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 37,800.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,750.00
5	EQUIPMENT	₹ 17,500.00
6	GENERAL PROCEEDURE	₹ 2,500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 13,010.00
9	NURSING CHARGE	₹ 7,200.00
10	OPERATION THEATRE CHARGES	₹ 9,700.00
11	PHYSIOTHERAPY	₹ 600.00
12	PROFESSIONAL TEAM FEES	₹ 72,000.00
13	RADIOLOGY	₹ 2,950.00
Gross Amount		₹ 172,060.00
Net Payable		₹ 172,060.00
Advance Amount		₹ 150,000.00
Received Amount		₹ 22,060.00

Received Amount in Words : One Lakh Seventy-Two Thousand Sixty Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/29/2024	MMH/MH/REDH202418910	UPI	Collected Amount	22,060.00
2	8/22/2024	MMH/MH/RECH202403250	CARD	Advance Amount	50,000.00
3	8/23/2024	MMH/MH/RECH202403255	CARD	Advance Amount	50,000.00
4	8/26/2024	MMH/MH/RECH202403288	CARD	Advance Amount	50,000.00