

IN PATIENT SUMMARY BILL

UHID : MMH202480703

IP No : IP2024001861

Patient name : Mr.VALLINAYAGAM A

Age : 80 Y 0 M 15 D/Male

Bill No : MMH/MH/IP202401901

Bill Date : 04/09/2024

DOA : 20/8/2024 11:41AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BOOPATHY.D

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 79,275.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 10,875.00
5	EQUIPMENT	₹ 18,550.00
6	GENERAL PROCEEDURE	₹ 3,500.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 3,000.00
9	LABORATORY	₹ 30,445.00
10	NURSING CHARGE	₹ 13,600.00
11	OPERATION THEATRE CHARGES	₹ 19,750.00
12	PHYSIOTHERAPY	₹ 1,400.00
13	PROFESSIONAL TEAM FEES	₹ 80,000.00
14	RADIOLOGY	₹ 9,100.00
Gross Amount		₹ 270,545.00
Net Payable		₹ 270,545.00
Advance Amount		₹ 218,000.00
Received Amount		₹ 52,545.00

Received Amount in Words : Two Lakh Seventy Thousand Five Hundred Forty-Five Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/4/2024	MMH/MH/REDH202419435	CHEQUE	Collected Amount	8,167.00
2	8/25/2024	MMH/MH/RECH202403278	UPI	Advance Amount	50,000.00
3	8/23/2024	MMH/MH/RECH202403263	CARD	Advance Amount	20,000.00
4	8/31/2024	MMH/MH/RECH202403367	CARD	Advance Amount	50,000.00
5	9/4/2024	MMH/MH/RECH202403422	CARD	Advance Amount	50,000.00
6	9/4/2024	MMH/MH/REDH202419436	CARD	Collected Amount	44,378.00
7	8/20/2024	MMH/MH/RECH202403205	CASH	Advance Amount	20,000.00
8	8/23/2024	MMH/MH/RECH202403258	CASH	Advance Amount	28,000.00