

IN PATIENT SUMMARY BILL

UHID : MMH202480750

IP No : IP2024001879

Patient name : Mr.MAHADEVAN

Age : 83 Y 3 M 8 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401824

Bill Date : 25/08/2024

DOA : 22/8/2024 1:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,875.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
5	EQUIPMENT	₹ 13,000.00
6	GENERAL PROCEEDURE	₹ 1,000.00
7	INTENSIVIST CHARGES	₹ 9,000.00
8	LABORATORY	₹ 22,292.00
9	NURSING CHARGE	₹ 6,400.00
10	PHYSIOTHERAPY	₹ 1,400.00
11	PROFESSIONAL TEAM FEES	₹ 9,000.00
12	RADIOLOGY	₹ 10,950.00
Gross Amount		₹ 99,642.00
Net Payable		₹ 99,642.00
Advance Amount		₹ 60,000.00
Received Amount		₹ 39,642.00

Received Amount in Words : Ninety-Nine Thousand Six Hundred Forty-Two Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/25/2024	MMH/MH/REDH202418571	CHEQUE	Collected Amount	2,230.00
2	8/22/2024	MMH/MH/RECH202403237	CARD	Advance Amount	10,000.00
3	8/24/2024	MMH/MH/RECH202403268	CARD	Advance Amount	50,000.00
4	8/25/2024	MMH/MH/REDH202418572	CARD	Collected Amount	37,412.00