

IN PATIENT SUMMARY BILL

UHID : MMH202480840

IP No : IP2024001900

Patient name : Mr.RAJASEKARAN.D

Age : 67 Y 5 M 28 D/Male

Bill No : MMH/MH/IP202401865

Bill Date : 29/08/2024

DOA : 25/8/2024 10:05PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.PADMANABHAN K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 30,000.00
3	DIET CHARGES	₹ 2,000.00
4	EQUIPMENT	₹ 86,200.00
5	GENERAL PROCEEDURE	₹ 13,000.00
6	INJECTION CHARGES	₹ 5,400.00
7	INTENSIVIST CHARGES	₹ 12,000.00
8	LABORATORY	₹ 66,165.00
9	NURSING CHARGE	₹ 8,000.00
10	PHYSIOTHERAPY	₹ 3,500.00
11	PROFESSIONAL TEAM FEES	₹ 39,143.00
12	RADIOLOGY	₹ 23,150.00
Gross Amount		₹ 288,908.00
Net Payable		₹ 288,908.00
Advance Amount		₹ 288,908.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Eighty-Eight Thousand Nine Hundred Eight Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/25/2024	MMH/MH/RECH202403286	UPI	Advance Amount	30,000.00
2	8/29/2024	MMH/MH/RECH202403347	UPI	Advance Amount	8,908.00
3	8/26/2024	MMH/MH/RECH202403287	CASH	Advance Amount	30,000.00
4	8/26/2024	MMH/MH/RECH202403289	CASH	Advance Amount	20,000.00
5	8/27/2024	MMH/MH/RECH202403314	CASH	Advance Amount	50,000.00
6	8/29/2024	MMH/MH/RECH202403346	CASH	Advance Amount	150,000.00