

IN PATIENT SUMMARY BILL

UHID : MHM202406643

IP No : IP2024002030

Patient name : Mr.JOHNSON SAMUEL

Age : 62 Y 2 M 22 D/Male

Bill No : MMH/MH/IP202402030

Bill Date : 21/09/2024

DOA : 12/9/2024 11:12AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ACCOMMODATION	₹ 14,850.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 56,050.00
4	BLOOD COMPONENTS	₹ 500.00
5	DIET CHARGES	₹ 9,350.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
7	EQUIPMENT	₹ 48,500.00
8	INJECTION CHARGES	₹ 1,140.00
9	INTENSIVIST CHARGES	₹ 9,000.00
10	LABORATORY	₹ 50,873.00
11	NURSING CHARGE	₹ 11,600.00
12	OPERATION THEATRE CHARGES	₹ 58,350.00
13	PHYSIOTHERAPY	₹ 6,300.00
14	PROCEDURE CHARGES	₹ 8,000.00
15	PROFESSIONAL TEAM FEES	₹ 150,000.00
16	RADIOLOGY	₹ 6,850.00
Gross Amount		₹ 436,963.00
Net Payable		₹ 436,963.00
Advance Amount		₹ 400,000.00
Received Amount		₹ 36,963.00

Received Amount in Words : Four Lakh Thirty-Six Thousand Nine Hundred Sixty-Three Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/12/2024	MMH/MH/RECH202403539	UPI	Advance Amount	40,000.00
2	9/21/2024	MMH/MH/RECH202403694	UPI	Advance Amount	100,000.00
3	9/21/2024	MMH/MH/REDH202420831	UPI	Collected Amount	36,963.00
4	9/12/2024	MMH/MH/RECH202403540	CARD	Advance Amount	50,000.00
5	9/12/2024	MMH/MH/RECH202403542	CARD	Advance Amount	50,000.00
6	9/12/2024	MMH/MH/RECH202403541	CASH	Advance Amount	160,000.00