

IN PATIENT SUMMARY BILL

UHID : MMH202481671

IP No : IP2024002100

Patient name : Mr.KRISHNAMURTHY.V

Age : 79 Y 10 M 23 D/Male

Consultant Name : Dr.VIJAY ALAGAPPAN S

Bill No : MMH/MH/IP202402054

Bill Date : 25/09/2024

DOA : 20/9/2024 5:01PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 32,125.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 30,700.00
6	INTENSIVIST CHARGES	₹ 9,000.00
7	LABORATORY	₹ 31,731.00
8	NURSING CHARGE	₹ 8,000.00
9	PHYSIOTHERAPY	₹ 3,500.00
10	PROFESSIONAL TEAM FEES	₹ 16,500.00
11	RADIOLOGY	₹ 4,495.00
Gross Amount		₹ 139,776.00
Net Payable		₹ 139,776.00
Advance Amount		₹ 137,500.00
Received Amount		₹ 2,276.00

Received Amount in Words : One Lakh Thirty-Nine Thousand Seven Hundred Seventy-Six Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/25/2024	MMH/MH/REDH202421121	CARD	Collected Amount	2,276.00
2	9/20/2024	MMH/MH/RECH202403674	CARD	Advance Amount	30,000.00
3	9/23/2024	MMH/MH/RECH202403719	CARD	Advance Amount	30,000.00
4	9/23/2024	MMH/MH/RECH202403720	CARD	Advance Amount	20,000.00
5	9/24/2024	MMH/MH/RECH202403730	CARD	Advance Amount	45,000.00
6	9/25/2024	MMH/MH/RECH202403745	CARD	Advance Amount	12,500.00