

IN PATIENT SUMMARY BILL

UHID : MMH202481844

IP No : IP2024002186

Patient name : Mr.RAJASEKAR

Age : 56 Y 9 M 6 D/Male

Bill No : MMH/MH/IP202402165

Bill Date : 08/10/2024

DOA : 30/9/2024 11:19PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BALAMURUGAN.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 39,225.00
3	DIET CHARGES	₹ 4,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,000.00
5	EQUIPMENT	₹ 22,400.00
6	LABORATORY	₹ 3,003.00
7	NURSING CHARGE	₹ 6,400.00
8	PHYSIOTHERAPY	₹ 14,300.00
9	PROFESSIONAL TEAM FEES	₹ 14,500.00
Gross Amount		₹ 110,178.00
Net Payable		₹ 110,178.00
Advance Amount		₹ 60,000.00
Received Amount		₹ 50,178.00

Received Amount in Words : One Lakh Ten Thousand One Hundred Seventy-Eight Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/30/2024	MMH/MH/RECH202403849	UPI	Advance Amount	10,000.00
2	10/4/2024	MMH/MH/RECH202403900	UPI	Advance Amount	20,000.00
3	10/6/2024	MMH/MH/RECH202403925	UPI	Advance Amount	30,000.00
4	10/8/2024	MMH/MH/REDH202422181	UPI	Collected Amount	50,178.00