

IN PATIENT SUMMARY BILL

UHID : MMH202481933

IP No : IP2024002165

Patient name : Mr.JOTHI K

Age : 70 Y 10 M 26 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202402120

Bill Date : 02/10/2024

DOA : 28/9/2024 2:40AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 36,300.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 82,100.00
6	INTENSIVIST CHARGES	₹ 12,000.00
7	LABORATORY	₹ 55,750.00
8	NURSING CHARGE	₹ 9,200.00
9	PHYSIOTHERAPY	₹ 2,700.00
10	PROCEDURE CHARGES	₹ 5,350.00
11	PROFESSIONAL TEAM FEES	₹ 24,000.00
12	RADIOLOGY	₹ 15,625.00
13	TRANSPORT	₹ 2,500.00
Gross Amount		₹ 249,500.00
Net Payable		₹ 249,500.00
Advance Amount		₹ 120,000.00
Received Amount		₹ 129,500.00

Received Amount in Words : Two Lakh Forty-Nine Thousand Five Hundred Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/28/2024	MMH/MH/RECH202403795	UPI	Advance Amount	30,000.00
2	10/1/2024	MMH/MH/RECH202403855	UPI	Advance Amount	5,000.00
3	10/1/2024	MMH/MH/RECH202403856	UPI	Advance Amount	45,000.00
4	9/29/2024	MMH/MH/RECH202403825	CASH	Advance Amount	20,000.00
5	9/30/2024	MMH/MH/RECH202403841	CASH	Advance Amount	20,000.00
6	10/2/2024	MMH/MH/REDH202421680	CASH	Collected Amount	129,500.00