IN PATIENT SUMMARY BILL

UHID : MMH202482309 Bill No : MMH/MH/IP202402178

IP No : IP2024002212 Bill Date : 10/10/2024

Patient name : Mr.VENKGATRAMAN.P DOA : 4/10/2024 1:31PM

Age : 69 Y 4 M 3 D/Male DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	35,500.00
3	DIET CHARGES		₹	3,500.00
4	DUTY MEDICAL OFFICER CHARGE		₹	1,500.00
5	EQUIPMENT		₹	45,050.00
6	INTENSIVIST CHARGES		₹	12,000.00
7	LABORATORY		₹	57,612.00
8	NURSING CHARGE		₹	9,600.00
9	PHYSIOTHERAPY		₹	4,500.00
10	PROFESSIONAL TEAM FEES		₹	24,650.00
11	RADIOLOGY		₹	11,525.00
		Gross Amount	₹	205,787.00
		Net Payable	₹	205,787.00
		Advance Amount	₹	170,000.00

Received Amount ₹ 35,787.00

Received Amount in Words : Two Lakh Five Thousand Seven Hundred Eighty-Seven SUDHA

Only Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/10/2024	MMH/MH/REDH202422327	CHEQUE	Collected Amount	2,716.00
2	10/4/2024	MMH/MH/RECH202403899	CARD	Advance Amount	30,000.00
3	10/6/2024	MMH/MH/RECH202403927	CARD	Advance Amount	50,000.00
4	10/7/2024	MMH/MH/RECH202403940	CARD	Advance Amount	40,000.00
5	10/8/2024	MMH/MH/RECH202403952	CARD	Advance Amount	50,000.00
6	10/10/2024	MMH/MH/REDH202422326	CARD	Collected Amount	33,071.00