

IN PATIENT SUMMARY BILL

UHID : MMH202481139

IP No : IP2024001977

Patient name : Mr.KANNAIYAN

Age : 81 Y 0 M 15 D/Male

Bill No : MMH/MH/IP202401987

Bill Date : 18/09/2024

DOA : 4/9/2024 1:37PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 54,350.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	DIET CHARGES	₹ 5,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 6,375.00
6	EQUIPMENT	₹ 46,400.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 18,000.00
9	LABORATORY	₹ 74,081.00
10	NURSING CHARGE	₹ 18,800.00
11	OPERATION THEATRE CHARGES	₹ 13,000.00
12	PHYSIOTHERAPY	₹ 11,000.00
13	PROCEDURE CHARGES	₹ 4,950.00
14	PROFESSIONAL TEAM FEES	₹ 56,500.00
15	RADIOLOGY	₹ 19,025.00
Gross Amount		₹ 333,131.00
Discount Amount		₹ 13,131.00
Net Payable		₹ 320,000.00
Advance Amount		₹ 320,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Twenty Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/18/2024	MMH/MH/RECH202403642	UPI	Advance Amount	50,000.00
2	9/19/2024	MMH/MH/RECH202403651	UPI	Advance Amount	50,000.00
3	9/8/2024	MMH/MH/RECH202403478	CARD	Advance Amount	50,000.00
4	9/13/2024	MMH/MH/RECH202403569	CARD	Advance Amount	40,000.00
5	9/18/2024	MMH/MH/RECH202403641	CARD	Advance Amount	50,000.00
6	9/18/2024	MMH/MH/RECH202403643	CARD	Advance Amount	50,000.00
7	9/5/2024	MMH/MH/RECH202403437	CASH	Advance Amount	30,000.00