

IN PATIENT SUMMARY BILL

UHID : MH01584

IP No : IP2024001671

Patient name : Mr.RAVI SHANKAR.M

Age : 53 Y 2 M 25 D/Male

Bill No : MMH/MH/IP202401673

Bill Date : 02/08/2024

DOA : 25/7/2024 7:02PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 39,600.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	DIET CHARGES	₹ 5,150.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 6,000.00
6	EQUIPMENT	₹ 2,400.00
7	LABORATORY	₹ 19,296.00
8	NURSING CHARGE	₹ 6,400.00
9	PROFESSIONAL TEAM FEES	₹ 26,900.00
10	RADIOLOGY	₹ 26,000.00

Gross Amount₹ 137,196.00

Net Payable₹ 137,196.00

Advance Amount₹ 110,000.00

Received Amount₹ 27,196.00

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

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/25/2024	MMH/MH/RECH202402834	CARD	Advance Amount	20,000.00
2	7/29/2024	MMH/MH/RECH202402889	CARD	Advance Amount	40,000.00
3	8/1/2024	MMH/MH/RECH202402940	CARD	Advance Amount	10,000.00
4	8/2/2024	MMH/MH/RECH202402976	CARD	Advance Amount	40,000.00
5	8/2/2024	MMH/MH/REDH202416907	CHEQUE	Collected Amount	3,808.00
6	8/2/2024	MMH/MH/REDH202416908	CARD	Collected Amount	23,388.00