

IN PATIENT SUMMARY BILL

UHID : MH01584

IP No : IP2024001061

Patient name : Mr.RAVI SHANKAR.M

Age : 53 Y 0 M 5 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401048

Bill Date : 13/05/2024

DOA : 9/5/2024 11:56AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 18,900.00
3	BLOOD COMPONENTS	₹ 12,750.00
4	DIET CHARGES	₹ 3,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
6	LABORATORY	₹ 16,512.00
7	NURSING CHARGE	₹ 3,600.00
8	PROFESSIONAL TEAM FEES	₹ 6,000.00
9	RADIOLOGY	₹ 2,000.00
10	TRANSPORT	₹ 2,000.00

Gross Amount₹ 68,487.00

Net Payable₹ 68,487.00

Advance Amount₹ 68,487.00

Received Amount₹ 0.00

Received Amount in Words : Sixty-Eight Thousand Four Hundred Eighty-Seven Only

M.S ASWIN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	5,000.00
2	12/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	30,000.00
3	13/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	33,487.00