

IN PATIENT SUMMARY BILL

UHID : MH02168

IP No : IP2024000899

Patient name : Mr.THANGAMANI.P

Age : 70 Y 0 M 5 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400871

Bill Date : 23/04/2024

DOA : 18/4/2024 6:38PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,700.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 6,000.00
6	INTENSIVIST CHARGES	₹ 9,000.00
7	LABORATORY	₹ 27,578.00
8	NURSING CHARGE	₹ 7,600.00
9	PROFESSIONAL TEAM FEES	₹ 13,500.00
10	RADIOLOGY	₹ 3,650.00

Gross Amount₹ 97,378.00

Net Payable₹ 97,378.00

Advance Amount₹ 40,000.00

Received Amount₹ 57,378.00

Received Amount in Words : Ninety-Seven Thousand Three Hundred
Seventy-Eight Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	40,000.00
2	23/04/2024	MMH/MH/REDH2024085	CASH	Collected Amount	40,000.00
3	23/04/2024	MMH/MH/REDH2024085	CARD	Collected Amount	17,378.00