

IN PATIENT SUMMARY BILL

UHID : MH34406

IP No : IP2024001980

Patient name : Mr.POOVALINGAM S

Age : 61 Y 4 M 22 D/Male

Bill No : MMH/MH/IP202401923

Bill Date : 07/09/2024

DOA : 4/9/2024 5:01PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,950.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 14,500.00
6	GENERAL PROCEEDURE	₹ 5,500.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 6,000.00
9	INVESTIGATIONS	₹ 1,500.00
10	LABORATORY	₹ 14,520.00
11	NURSING CHARGE	₹ 4,800.00
12	PROFESSIONAL TEAM FEES	₹ 8,500.00
13	RADIOLOGY	₹ 7,650.00
14	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 86,720.00
Net Payable		₹ 86,720.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 56,720.00

Received Amount in Words : Eighty-Six Thousand Seven Hundred Twenty Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/7/2024	MMH/MH/REDH202419645	CHEQUE	Collected Amount	2,692.00
2	9/4/2024	MMH/MH/RECH202403424	CARD	Advance Amount	30,000.00
3	9/7/2024	MMH/MH/REDH202419646	CARD	Collected Amount	54,028.00