

IN PATIENT SUMMARY BILL

UHID : MH44542

IP No : IP2024002107

Patient name : Mr.SEKAR MANIKKAM

Age : 64 Y 7 M 22 D/Male

Bill No : MMH/MH/IP202402066

Bill Date : 26/09/2024

DOA : 21/9/2024 10:11AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 38,250.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 17,650.00
6	INJECTION CHARGES	₹ 1,000.00
7	INTENSIVIST CHARGES	₹ 12,000.00
8	LABORATORY	₹ 12,872.00
9	NURSING CHARGE	₹ 9,600.00
10	PHYSIOTHERAPY	₹ 1,400.00
11	PROCEDURE CHARGES	₹ 2,000.00
12	PROFESSIONAL TEAM FEES	₹ 26,000.00
13	RADIOLOGY	₹ 22,800.00
Gross Amount		₹ 145,922.00
Net Payable		₹ 145,922.00
Advance Amount		₹ 130,000.00
Received Amount		₹ 15,922.00

Received Amount in Words : One Lakh Forty-Five Thousand Nine Hundred Twenty-Two Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/26/2024	MMH/MH/REDH202421211	CHEQUE	Collected Amount	3,815.00
2	9/26/2024	MMH/MH/REDH202421212	UPI	Collected Amount	107.00
3	9/26/2024	MMH/MH/REDH202421213	CARD	Collected Amount	12,000.00
4	9/21/2024	MMH/MH/RECH202403685	CASH	Advance Amount	10,000.00
5	9/23/2024	MMH/MH/RECH202403721	CASH	Advance Amount	40,000.00
6	9/24/2024	MMH/MH/RECH202403726	CASH	Advance Amount	40,000.00
7	9/25/2024	MMH/MH/RECH202403742	CASH	Advance Amount	40,000.00