

IN PATIENT SUMMARY BILL

UHID : MH48490

IP No : IP2024000686

Patient name : Mr.THIYAGARAJAN S M

Age : 72 Y 0 M 15 D/Male

Bill No : MMH/MH/IP202400648

Bill Date : 27/03/2024

DOA : 24/3/2024 7:23PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	EQUIPMENT	₹ 1,200.00
5	LABORATORY	₹ 46,377.00
6	NURSING CHARGE	₹ 2,400.00
7	OPERATION THEATRE CHARGES	₹ 3,500.00
8	PROFESSIONAL TEAM FEES	₹ 17,000.00
9	RADIOLOGY	₹ 6,560.00
Gross Amount		₹ 87,887.00
Net Payable		₹ 87,887.00
Advance Amount		₹ 55,000.00
Received Amount		₹ 32,887.00

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

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/03/2024	MMH/MH/RECH2024010	CASH	Advance Amount	5,000.00
2	25/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	50,000.00
3	27/03/2024	MMH/MH/REDH2024065	CHEQUE	Collected Amount	3,313.00
4	27/03/2024	MMH/MH/REDH2024065	CARD	Collected Amount	29,574.00