

IN PATIENT SUMMARY BILL

UHID : MH49597

IP No : IP2024000548

Patient name : Mr.SUBRAMANIAN R

Age : 81 Y 10 M 9 D/Male

Consultant Name : Dr.ARUN RAMANAN

Bill No : MMH/MH/IP202400758

Bill Date : 08/04/2024

DOA : 11/3/2024 9:05AM

DOD :

Entity Type : Corporate

Entity Name : BHEL

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,375.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	NURSING CHARGE	₹ 400.00
5	PHARMACY CHARGE	₹ 46,530.50
6	PROFESSIONAL FEES	₹ 4,400.00
Gross Amount		₹ 53,430.50
Sanction Amount		₹ 40,145.00
Net Payable		₹ 53,431.00
Advance Amount		₹ 13,286.00
Received Amount		₹ 0.00

Received Amount in Words : Thirteen Thousand Two Hundred Eighty-Six Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	2,225.00
2	22/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	11,061.00

Medical Claim	Claim No	Sanction Amount
BHEL	2154544	40,145.00