

IN PATIENT SUMMARY BILL

UHID : MH51603

IP No : IP2024001959

Patient name : Mr.PONNUDURAI P

Age : 70 Y 4 M 8 D/Male

Consultant Name : Dr.M.VIGNESH

Bill No : MMH/MH/IP202401919

Bill Date : 06/09/2024

DOA : 2/9/2024 10:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 25,250.00 |
| 3 | DIET CHARGES | ₹ 2,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 750.00 |
| 5 | EQUIPMENT | ₹ 11,500.00 |
| 6 | GENERAL PROCEEDURE | ₹ 4,000.00 |
| 7 | INTENSIVIST CHARGES | ₹ 9,000.00 |
| 8 | LABORATORY | ₹ 18,160.00 |
| 9 | NURSING CHARGE | ₹ 6,800.00 |
| 10 | PHYSIOTHERAPY | ₹ 2,800.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 22,500.00 |
| 12 | RADIOLOGY | ₹ 750.00 |
| Gross Amount | | ₹ 103,860.00 |
| Net Payable | | ₹ 103,860.00 |
| Advance Amount | | ₹ 30,000.00 |
| Received Amount | | ₹ 73,860.00 |

Received Amount in Words : One Lakh Three Thousand Eight Hundred Sixty Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 9/2/2024 | MMH/MH/RECH202403398 | CARD | Advance Amount | 30,000.00 |
| 2 | 9/6/2024 | MMH/MH/REDH202419623 | CARD | Collected Amount | 73,860.00 |