

IN PATIENT SUMMARY BILL

UHID : MH53483

IP No : IP2024001846

Patient name : Mr.MATHURAPRASAD NAMDEV

Age : 55/Male

Bill No : MMH/MH/IP202401896

Bill Date : 03/09/2024

DOA : 18/8/2024 1:17PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ACCOMMODATION	₹ 24,750.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 69,675.00
4	BLOOD COMPONENTS	₹ 6,650.00
5	DIET CHARGES	₹ 2,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 26,000.00
7	EQUIPMENT	₹ 113,250.00
8	GENERAL PROCEEDURE	₹ 10,000.00
9	INJECTION CHARGES	₹ 2,540.00
10	INTENSIVIST CHARGES	₹ 25,000.00
11	LABORATORY	₹ 54,285.00
12	NURSING CHARGE	₹ 51,750.00
13	OPERATION THEATRE CHARGES	₹ 108,025.00
14	PHARMACY CHARGE	₹ 177,822.00
15	PHYSIOTHERAPY	₹ 3,500.00
16	PROFESSIONAL TEAM FEES	₹ 31,000.00
17	RADIOLOGY	₹ 12,160.00
Gross Amount		₹ 718,757.00
Net Payable		₹ 718,757.00
Advance Amount		₹ 718,757.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Lakh Eighteen Thousand Seven Hundred Fifty-Seven Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/3/2024	MMH/MH/RECH202403406	NEFT	Advance Amount	50,000.00
2	9/3/2024	MMH/MH/RECH202403407	NEFT	Advance Amount	450,000.00
3	9/10/2024	MMH/MH/RECH202403505	NEFT	Advance Amount	218,757.00