

IN PATIENT SUMMARY BILL

UHID : MH54743

IP No : IP2024000771

Patient name : Mr.SEKAR C

Age : 30/Male

Bill No : MMH/MH/IP202400791

Bill Date : 12/04/2024

DOA : 2/4/2024 3:56PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 60,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIALYSIS / DIALYZER	₹ 3,300.00
5	DIET CHARGES	₹ 1,300.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 64,000.00
7	EQUIPMENT	₹ 17,000.00
8	GENERAL PROCEDURE	₹ 5,950.00
9	INJECTION CHARGES	₹ 1,160.00
10	LABORATORY	₹ 20,749.00
11	NURSING CHARGE	₹ 96,000.00
12	OPERATION THEATRE CHARGES	₹ 115,850.00
13	PHARMACY CHARGE	₹ 88,318.00
14	PROFESSIONAL TEAM FEES	₹ 645,000.00
15	RADIOLOGY	₹ 6,020.00

Gross Amount₹ 1,125,497.00

Net Payable₹ 1,125,497.00

Advance Amount₹ 1,494,000.00

Received Amount₹ 0.00

Refund Amount₹ 368,503.00

Received Amount in Words : Fourteen Lakh Ninety-Four Thousand Only

KARTHICK

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	175,000.00
2	03/04/2024	MMH/MH/RECH2024012	NEFT	Advance Amount	500,000.00
3	03/04/2024	MMH/MH/RECH2024012	NEFT	Advance Amount	500,000.00
4	03/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	125,000.00
5	05/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	194,000.00