

IN PATIENT SUMMARY BILL

UHID : MHMG2300334
IP No : IP2023002715
Patient name : Mr.LAKSHMI NARAYANAN R
Age : 49/Male

Bill No : MMH/MH/IP00226
Bill Date : 26/12/2023
DOA : 13/12/2023 11:03AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr. CM Thiagarajan

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 34,650.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIALYSIS / DIALYZER	₹ 2,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,900.00
6	EQUIPMENT	₹ 24,500.00
7	GENERAL PROCEDURE	₹ 4,950.00
8	INJECTION CHARGES	₹ 200.00
9	LABORATORY	₹ 3,744.00
10	NURSING CHARGE	₹ 4,500.00
11	OPERATION THEATRE CHARGES	₹ 33,319.00
12	PHARMACY CHARGE	₹ 100,832.00
13	PROFESSIONAL TEAM FEES	₹ 385,000.00
14	RADIOLOGY	₹ 11,640.00
Gross Amount		₹ 611,485.00
Net Payable		₹ 611,485.00
Advance Amount		₹ 611,485.00
Received Amount		₹ 0.00

Received Amount in Words : Six Lakh Eleven Thousand Four Hundred
Eighty-Five Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/MH/RECH00418	CASH	Advance Amount	58,485.00
2	21/12/2023	MMH/MH/RECH00428	CARD	Advance Amount	100,000.00
3	25/12/2023	MMH/MH/RECH00480	CASH	Advance Amount	150,000.00
4	25/12/2023	MMH/MH/RECH00481	CARD	Advance Amount	50,000.00
5	25/12/2023	MMH/MH/RECH00482	UPI	Advance Amount	30,000.00
6	26/12/2023	MMH/MH/RECH00484	UPI	Advance Amount	40,000.00
7	26/12/2023	MMH/MH/RECH00485	CASH	Advance Amount	3,000.00
8	26/12/2023	MMH/MH/RECH00486	NEFT	Advance Amount	180,000.00