

IN PATIENT SUMMARY BILL

UHID : MHI202380210

IP No : IP2024000757

Patient name : Mr.AMAN SAXENA

Age : 26 Y 10 M 29 D/Male

Bill No : MMH/MH/IP202400774

Bill Date : 10/04/2024

DOA : 1/4/2024 11:29AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 84,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIALYSIS / DIALYZER	₹ 3,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 48,000.00
6	EQUIPMENT	₹ 17,000.00
7	GENERAL PROCEDURE	₹ 4,950.00
8	INJECTION CHARGES	₹ 200.00
9	LABORATORY	₹ 15,240.00
10	NURSING CHARGE	₹ 88,000.00
11	OPERATION THEATRE CHARGES	₹ 116,850.00
12	PHARMACY CHARGE	₹ 115,924.00
13	PROFESSIONAL TEAM FEES	₹ 593,000.00
14	RADIOLOGY	₹ 6,020.00

Gross Amount	₹ 1,093,334.00
Net Payable	₹ 1,093,334.00
Advance Amount	₹ 1,500,000.00
Received Amount	₹ 0.00
Refund Amount	₹ 406,666.00

Received Amount in Words : Fifteen Lakh Zero Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/04/2024	MMH/MH/RECH20240118	NEFT	Advance Amount	1,500,000.00