

IN PATIENT SUMMARY BILL

UHID : MHI202380262

IP No : IP2024000702

Patient name : Mr.ABHILASH D

Age : 24 Y 9 M 26 D/Male

Bill No : MMH/MH/IP202400653

Bill Date : 28/03/2024

DOA : 26/3/2024 3:20AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 17,750.00
3	DIALYSIS / DIALYZER	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 21,000.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 9,185.00
8	NURSING CHARGE	₹ 4,800.00
9	PROFESSIONAL TEAM FEES	₹ 3,500.00
10	RADIOLOGY	₹ 4,150.00
Gross Amount		₹ 70,985.00
Net Payable		₹ 70,985.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 20,985.00

Received Amount in Words : Seventy Thousand Nine Hundred Eighty-Five Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/03/2024	MMH/MH/RECH2024010'	CASH	Advance Amount	16,000.00
2	26/03/2024	MMH/MH/RECH2024010'	CASH	Advance Amount	14,000.00
3	27/03/2024	MMH/MH/RECH2024011'	CASH	Advance Amount	20,000.00
4	28/03/2024	MMH/MH/REDH2024066'	CASH	Collected Amount	20,985.00