

**IN PATIENT SUMMARY BILL**

UHID	:	MHI202380262	Bill No	:	MMH/MH/IP202400653
IP No	:	IP2024000702	Bill Date	:	28/03/2024
Patient name	:	Mr.ABHILASH D	DOA	:	26/3/2024 3:20AM
Age	:	24 Y 9 M 26 D/Male	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
		<b>₹ 70,985.00</b>
		<b>₹ 70,985.00</b>
		<b>₹ 50,000.00</b>
		<b>₹ 20,985.00</b>

**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