

IN PATIENT SUMMARY BILL

UHID : MMH202370780

IP No : IP2024000941

Patient name : Mr.PARAMESWARAN M

Age : 26 Y 10 M 17 D/Male

Bill No : MMH/MH/IP202400948

Bill Date : 03/05/2024

DOA : 24/4/2024 11:37AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,750.00
3	BLOOD COMPONENTS	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 40,000.00
5	EQUIPMENT	₹ 18,000.00
6	GENERAL PROCEDURE	₹ 950.00
7	INJECTION CHARGES	₹ 880.00
8	LABORATORY	₹ 1,068.00
9	NURSING CHARGE	₹ 70,000.00
10	OPERATION THEATRE CHARGES	₹ 112,150.00
11	PHARMACY CHARGE	₹ 54,608.00
12	RADIOLOGY	₹ 3,940.00
Gross Amount		₹ 327,196.00
Net Payable		₹ 327,196.00
Received Amount		₹ 362,196.00
Refund Amount		₹ 35,000.00

Received Amount in Words : Three Lakh Sixty-Two Thousand One Hundred Ninety-Six Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/05/2024	MMH/MH/REDH2024093	CHEQUE	Collected Amount	262,196.00
2	03/05/2024	MMH/MH/REDH2024093	CASH	Collected Amount	100,000.00