

IN PATIENT SUMMARY BILL

UHID : MMH202371061

IP No : IP2024002169

Patient name : Mr.VAIDYANATHAN

Age : 84 Y 11 M 0 D/Male

Bill No : MMH/MH/IP202402171

Bill Date : 10/10/2024

DOA : 28/9/2024 3:52PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ACCOMMODATION	₹ 2,475.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 81,150.00
4	DIET CHARGES	₹ 6,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	EQUIPMENT	₹ 165,900.00
7	INJECTION CHARGES	₹ 400.00
8	INTENSIVIST CHARGES	₹ 28,500.00
9	LABORATORY	₹ 113,223.00
10	NURSING CHARGE	₹ 20,600.00
11	OPERATION THEATRE CHARGES	₹ 14,100.00
12	PHYSIOTHERAPY	₹ 16,800.00
13	PROCEDURE CHARGES	₹ 11,500.00
14	PROFESSIONAL TEAM FEES	₹ 104,000.00
15	RADIOLOGY	₹ 19,000.00
16	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 586,498.00
Net Payable		₹ 586,498.00
Advance Amount		₹ 410,000.00
Received Amount		₹ 176,498.00

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

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/28/2024	MMH/MH/RECH202403806	CARD	Advance Amount	20,000.00
2	9/30/2024	MMH/MH/RECH202403839	CARD	Advance Amount	50,000.00
3	9/30/2024	MMH/MH/RECH202403840	CARD	Advance Amount	40,000.00
4	10/4/2024	MMH/MH/RECH202403898	CARD	Advance Amount	100,000.00
5	10/5/2024	MMH/MH/RECH202403907	CARD	Advance Amount	100,000.00
6	10/7/2024	MMH/MH/RECH202403943	CARD	Advance Amount	50,000.00
7	10/7/2024	MMH/MH/RECH202403944	CARD	Advance Amount	50,000.00
8	10/10/2024	MMH/MH/REDH202422259	CARD	Collected Amount	176,498.00

S.No	Description	Amount
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