

IN PATIENT SUMMARY BILL

UHID : MMH202371393

IP No : IP2024001544

Patient name : Mr.MURUGAN CITHAN

Age : 43 Y 0 M 6 D/Male

Bill No : MMH/MH/IP202401546

Bill Date : 19/07/2024

DOA : 10/7/2024 10:39AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 29,700.00 |
| 3 | BLOOD COMPONENTS | ₹ 500.00 |
| 4 | DIET CHARGES | ₹ 2,000.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 45,000.00 |
| 6 | EQUIPMENT | ₹ 10,000.00 |
| 7 | GENERAL PROCEDURE | ₹ 3,000.00 |
| 8 | INJECTION CHARGES | ₹ 1,140.00 |
| 9 | LABORATORY | ₹ 924.00 |
| 10 | NURSING CHARGE | ₹ 54,000.00 |
| 11 | OPERATION THEATRE CHARGES | ₹ 108,550.00 |
| 12 | PHARMACY CHARGE | ₹ 54,626.00 |
| 13 | RADIOLOGY | ₹ 720.00 |
| Gross Amount | | ₹ 310,510.00 |
| Net Payable | | ₹ 310,510.00 |
| Advance Amount | | ₹ 200,000.00 |
| Received Amount | | ₹ 110,510.00 |

Received Amount in Words : Three Lakh Ten Thousand Five Hundred Ten Only

SATHISH KUMAR.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 7/18/2024 | MMH/MH/RECH202402714 | CASH | Advance Amount | 200,000.00 |
| 2 | 7/19/2024 | MMH/MH/REDH202415764 | UPI | Collected Amount | 38,812.00 |
| 3 | 7/19/2024 | MMH/MH/REDH202415790 | CASH | Collected Amount | 1,698.00 |
| 4 | 7/19/2024 | MMH/MH/REDH202415791 | CARD | Collected Amount | 70,000.00 |