

IN PATIENT SUMMARY BILL

UHID : MMH202371497
IP No : IP2023002613
Patient name : Mr.SHANMUGADURAI D
Age : 72 Y 1 M 17 D/Male

Bill No : MMH/MH/IP00046
Bill Date : 30/11/2023
DOA : 30/11/2023 1:30AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 1,000.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 22,844.00
7	NURSING CHARGE	₹ 2,000.00
8	PROFESSIONAL TEAM FEES	₹ 6,000.00
9	RADIOLOGY	₹ 3,780.00
Gross Amount		₹ 47,174.00
Net Payable		₹ 47,174.00
Advance Amount		₹ 53,924.00
Received Amount		₹ 0.00
Refund Amount		₹ 6,750.00

Received Amount in Words : Fifty-Three Thousand Nine Hundred
Twenty-Four Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-30 01:40:50.920	MMH/MH/RECH00125	CARD	Advance Amount	50,000.00
2	2023-11-30 20:46:00.890	MMH/MH/RECH00140	CHEQUE	Advance Amount	3,924.00