IN PATIENT SUMMARY BILL

UHID	:	MMH202371865	Bill No	:	MMH/MH/IP202401728
IP No	:	IP2024001774	Bill Date	:	12/08/2024
Patient name	:	Mr.MANICKAVASAGAM N	DOA	:	8/8/2024 1:35AM
Age	:	44 Y 6 M 29 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.SHIVA KUMAR D			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	15,000.00
3	BLOOD COMPONENTS	₹	2,550.00
4	DIALYSIS / DIALYZER	₹	3,500.00
5	DIET CHARGES	₹	1,000.00
6	EQUIPMENT	₹	56,800.00
7	GENERAL PROCEEDURE	₹	9,450.00
8	INJECTION CHARGES	₹	1,200.00
9	INTENSIVIST CHARGES	₹	6,000.00
10	LABORATORY	₹	9,690.00
11	NURSING CHARGE	₹	4,000.00
12	OPERATION THEATRE CHARGES	₹	45,430.00
13	PHARMACY CHARGE	₹	27,730.00
14	PROFESSIONAL TEAM FEES	₹	54,000.00
15	RADIOLOGY	₹	14,800.00
16	TRANSPORT	₹	1,000.00

Gross Amount	₹	**252,500.00**
Discount Amount	₹	**26,500.00**
Net Payable	₹	**226,000.00**
Advance Amount	₹	**277,609.00**
Received Amount	₹	**0.00**
Refund Amount	₹	**51,609.00**

Received Amount in Words : Two Lakh Seventy-Seven Thousand Six Hundred Nine Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/8/2024	MMH/MH/RECH202403042	CASH	Advance Amount	30,000.00
2	8/8/2024	MMH/MH/RECH202403047	CARD	Advance Amount	50,000.00
3	8/8/2024	MMH/MH/RECH202403048	CARD	Advance Amount	50,000.00
4	8/8/2024	MMH/MH/RECH202403049	CARD	Advance Amount	20,000.00
5	8/9/2024	MMH/MH/RECH202403064	CASH	Advance Amount	100,000.00
6	8/12/2024	MMH/MH/RECH202403092	CHEQUE	Advance Amount	27,609.00

S.No	Description	Amount