

IN PATIENT SUMMARY BILL

UHID : MMH202372222
IP No : IP2023002756
Patient name : Mr.AJAY SHANMUGA PRIYAN R
Age : 31 Y 4 M 14 D/Male

Bill No : MMH/MH/IP00214
Bill Date : 23/12/2023
DOA : 19/12/2023 11:10AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

| S.No | Description | Amount |
|------------------------|-----------------------------|--------------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 19,800.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,800.00 |
| 4 | LABORATORY | ₹ 5,052.00 |
| 5 | NURSING CHARGE | ₹ 3,000.00 |
| 6 | OPERATION THEATRE CHARGES | ₹ 11,350.00 |
| 7 | PHYSIOTHERAPY | ₹ 4,200.00 |
| 8 | PROFESSIONAL TEAM FEES | ₹ 33,000.00 |
| 9 | RADIOLOGY | ₹ 1,720.00 |
| 10 | ULTRASOUND | ₹ 2,000.00 |
| Gross Amount | | ₹ 83,272.00 |
| Net Payable | | ₹ 83,272.00 |
| Advance Amount | | ₹ 30,000.00 |
| Received Amount | | ₹ 53,272.00 |

Received Amount in Words : Eighty-Three Thousand Two Hundred
Seventy-Two Only

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|------------------|--------------|------------------|-----------------|
| 1 | 19/12/2023 | MMH/MH/RECH00391 | CASH | Advance Amount | 30,000.00 |
| 2 | 23/12/2023 | MMH/MH/REDH02237 | CARD | Collected Amount | 53,272.00 |