

IN PATIENT SUMMARY BILL

UHID : MMH202372421

IP No : IP2024000059

Patient name : Mr.MUTHAIH K M

Age : 57 Y 10 M 1 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400050

Bill Date : 08/01/2024

DOA : 6/1/2024 9:20PM

DOD :

Entity Type : CASH

Entity Name : CASH

Insurance Name : SUNDARAM CLAYTON

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,250.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	EQUIPMENT	₹ 36,600.00
5	INTENSIVIST CHARGES	₹ 4,500.00
6	LABORATORY	₹ 6,174.00
7	NURSING CHARGE	₹ 3,000.00
8	PROFESSIONAL TEAM FEES	₹ 13,000.00
9	RADIOLOGY	₹ 15,150.00
Gross Amount		₹ 95,124.00
Net Payable		₹ 95,124.00
Advance Amount		₹ 90,450.00
Received Amount		₹ 4,674.00

Received Amount in Words : Ninety-Five Thousand One Hundred Twenty-Four Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/MH/RECH20240005	CASH	Advance Amount	90,450.00
2	08/01/2024	MMH/MH/REDH20240051	CHEQUE	Collected Amount	4,674.00