

IN PATIENT SUMMARY BILL

UHID : MMH202472755

IP No : IP2024000033

Patient name : Mr.MANI C

Age : 75 Y 5 M 19 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400138

Bill Date : 19/01/2024

DOA : 4/1/2024 10:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 58,500.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DIET CHARGES	₹ 660.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 7,500.00
6	EQUIPMENT	₹ 32,900.00
7	GENERAL PROCEDURE	₹ 2,500.00
8	INJECTION CHARGES	₹ 400.00
9	INTENSIVIST CHARGES	₹ 15,000.00
10	LABORATORY	₹ 39,155.00
11	NURSING CHARGE	₹ 13,750.00
12	OPERATION THEATRE CHARGES	₹ 14,200.00
13	PHARMACY CHARGE	₹ 88,526.00
14	PHYSIOTHERAPY	₹ 7,800.00
15	PROFESSIONAL TEAM FEES	₹ 74,500.00
16	RADIOLOGY	₹ 8,900.00
17	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 369,691.00
Net Payable		₹ 369,691.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00
Amount Payable		₹ 319,691.00

Received Amount in Words : Fifty Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/MH/RECH20240001	CASH	Advance Amount	50,000.00