

IN PATIENT SUMMARY BILL

UHID : MMH202473094

IP No : IP2024000134

Patient name : Mr.EDWIN SIMON

Age : 39 Y 8 M 26 D/Male

Bill No : MMH/MH/IP202400148

Bill Date : 21/01/2024

DOA : 19/1/2024 11:19AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2               | BED CHARGES                 | ₹ 12,350.00 |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 750.00    |
| 4               | EQUIPMENT                   | ₹ 4,000.00  |
| 5               | INTENSIVIST CHARGES         | ₹ 4,500.00  |
| 6               | LABORATORY                  | ₹ 14,873.00 |
| 7               | NURSING CHARGE              | ₹ 5,500.00  |
| 8               | PROFESSIONAL TEAM FEES      | ₹ 6,000.00  |
| 9               | RADIOLOGY                   | ₹ 5,400.00  |
| 10              | ULTRASOUND                  | ₹ 2,000.00  |
| Gross Amount    |                             | ₹ 55,723.00 |
| Net Payable     |                             | ₹ 55,723.00 |
| Advance Amount  |                             | ₹ 50,000.00 |
| Received Amount |                             | ₹ 5,723.00  |

Received Amount in Words : Fifty-Five Thousand Seven Hundred  
Twenty-Three Only

DINESH  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1    | 19/01/2024   | MMH/MH/RECH2024002 | CARD         | Advance Amount   | 50,000.00       |
| 2    | 21/01/2024   | MMH/MH/REDH2024014 | CHEQUE       | Collected Amount | 1,873.00        |
| 3    | 21/01/2024   | MMH/MH/REDH2024014 | UPI          | Collected Amount | 3,850.00        |