

IN PATIENT SUMMARY BILL

UHID : MMH202473787

IP No : IP2024001873

Patient name : Mr.NARAYANAN N

Age : 82 Y 6 M 14 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401839

Bill Date : 27/08/2024

DOA : 21/8/2024 12:52PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 39,750.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	EQUIPMENT	₹ 34,250.00
6	GENERAL PROCEEDURE	₹ 12,660.00
7	INJECTION CHARGES	₹ 2,000.00
8	INTENSIVIST CHARGES	₹ 6,000.00
9	LABORATORY	₹ 28,650.00
10	NURSING CHARGE	₹ 8,000.00
11	PROFESSIONAL TEAM FEES	₹ 23,000.00
12	RADIOLOGY	₹ 16,090.00
Gross Amount		₹ 175,000.00
Net Payable		₹ 175,000.00
Advance Amount		₹ 175,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Seventy-Five Thousand Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/26/2024	MMH/MH/RECH202403291	CARD	Advance Amount	50,000.00
2	8/25/2024	MMH/MH/RECH202403285	CASH	Advance Amount	50,000.00
3	8/27/2024	MMH/MH/RECH202403308	CASH	Advance Amount	75,000.00