

IN PATIENT SUMMARY BILL

UHID : MMH202474186

IP No : IP2024000798

Patient name : Mr.MUNIYASAMY.M.S

Age : 56 Y 1 M 11 D/Male

Bill No : MMH/MH/IP202400755

Bill Date : 08/04/2024

DOA : 4/4/2024 11:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,200.00
3	BLOOD COMPONENTS	₹ 4,200.00
4	DIALYSIS / DIALYZER	₹ 20,000.00
5	DIET CHARGES	₹ 500.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
7	EQUIPMENT	₹ 31,000.00
8	GENERAL PROCEDURE	₹ 10,500.00
9	INTENSIVIST CHARGES	₹ 4,500.00
10	LABORATORY	₹ 28,968.00
11	NURSING CHARGE	₹ 3,800.00
12	PROFESSIONAL TEAM FEES	₹ 15,500.00
13	RADIOLOGY	₹ 14,650.00
Gross Amount		₹ 150,918.00
Net Payable		₹ 150,918.00
Advance Amount		₹ 115,750.00
Received Amount		₹ 35,168.00

Received Amount in Words : One Lakh Fifty Thousand Nine Hundred Eighteen Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/04/2024	MMH/MH/RECH2024012	UPI	Advance Amount	10,000.00
2	06/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	70,000.00
3	07/04/2024	MMH/MH/RECH2024012	UPI	Advance Amount	35,750.00
4	08/04/2024	MMH/MH/REDH2024074	CHEQUE	Collected Amount	35,168.00