

IN PATIENT SUMMARY BILL

UHID : MMH202474399

IP No : IP2024001843

Patient name : Mr.KANDASAMY

Age : 75 Y 0 M 30 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401796

Bill Date : 21/08/2024

DOA : 18/8/2024 8:34AM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No            | Description            | Amount       |
|-----------------|------------------------|--------------|
| 1               | ADMINISTRATION CHARGES | ₹ 350.00     |
| 2               | BED CHARGES            | ₹ 26,250.00  |
| 3               | DIET CHARGES           | ₹ 2,500.00   |
| 4               | EQUIPMENT              | ₹ 35,500.00  |
| 5               | GENERAL PROCEEDURE     | ₹ 2,200.00   |
| 6               | INTENSIVIST CHARGES    | ₹ 10,500.00  |
| 7               | LABORATORY             | ₹ 25,248.00  |
| 8               | NURSING CHARGE         | ₹ 7,000.00   |
| 9               | PHYSIOTHERAPY          | ₹ 4,200.00   |
| 10              | PROFESSIONAL TEAM FEES | ₹ 15,500.00  |
| 11              | RADIOLOGY              | ₹ 15,400.00  |
| Gross Amount    |                        | ₹ 144,648.00 |
| Net Payable     |                        | ₹ 144,648.00 |
| Advance Amount  |                        | ₹ 50,000.00  |
| Received Amount |                        | ₹ 94,648.00  |

Received Amount in Words : One Lakh Forty-Four Thousand Six Hundred Forty-Eight Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1    | 8/18/2024    | MMH/MH/RECH202403179 | CASH         | Advance Amount   | 20,000.00       |
| 2    | 8/20/2024    | MMH/MH/RECH202403217 | CASH         | Advance Amount   | 30,000.00       |
| 3    | 8/21/2024    | MMH/MH/REDH202418276 | CARD         | Collected Amount | 94,648.00       |