

IN PATIENT SUMMARY BILL

UHID : MMH202474611

IP No : IP2024000775

Patient name : Mr.ELUMALAI C

Age : 54 Y 1 M 0 D/Male

Bill No : MMH/MH/IP202400794

Bill Date : 12/04/2024

DOA : 2/4/2024 11:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.M.VIGNESH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 5,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 7,500.00
6	EQUIPMENT	₹ 750.00
7	GENERAL PROCEDURE	₹ 1,450.00
8	INJECTION CHARGES	₹ 200.00
9	LABORATORY	₹ 24,404.00
10	NURSING CHARGE	₹ 8,000.00
11	OPERATION THEATRE CHARGES	₹ 14,850.00
12	PHYSIOTHERAPY	₹ 3,600.00
13	PROFESSIONAL TEAM FEES	₹ 59,000.00
14	RADIOLOGY	₹ 5,660.00
Gross Amount		₹ 142,764.00
Net Payable		₹ 142,764.00
Advance Amount		₹ 55,000.00
Received Amount		₹ 87,764.00

Received Amount in Words : One Lakh Forty-Two Thousand Seven Hundred Sixty-Four Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/04/2024	MMH/MH/RECH20240120	CARD	Advance Amount	5,000.00
2	05/04/2024	MMH/MH/RECH20240120	CARD	Advance Amount	50,000.00
3	12/04/2024	MMH/MH/REDH2024078	CHEQUE	Collected Amount	4,534.00
4	12/04/2024	MMH/MH/REDH2024078	CARD	Collected Amount	83,230.00