

IN PATIENT SUMMARY BILL

UHID : MMH202474753

IP No : IP2024000862

Patient name : Mr.KANNAPIRAN.K

Age : 70 Y 1 M 0 D/Male

Bill No : MMH/MH/IP202400825

Bill Date : 15/04/2024

DOA : 12/4/2024 10:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.DURAI RAVI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	EQUIPMENT	₹ 15,600.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 3,096.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 20,904.00
10	PHYSIOTHERAPY	₹ 600.00
11	PROFESSIONAL TEAM FEES	₹ 109,000.00
12	RADIOLOGY	₹ 1,000.00
Gross Amount		₹ 168,500.00
Net Payable		₹ 168,500.00
Advance Amount		₹ 65,000.00
Received Amount		₹ 103,500.00

Received Amount in Words : One Lakh Sixty-Eight Thousand Five Hundred Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/04/2024	MMH/MH/RECH2024013	CASH	Advance Amount	35,000.00
2	14/04/2024	MMH/MH/RECH2024013	CASH	Advance Amount	30,000.00
3	15/04/2024	MMH/MH/REDH2024079	CASH	Collected Amount	103,500.00