

IN PATIENT SUMMARY BILL

UHID : MMH202474914

IP No : IP2024000869

Patient name : Mr.HARI KRISHNAN K

Age : 51 Y 11 M 29 D/Male

Bill No : MMH/MH/IP202400854

Bill Date : 20/04/2024

DOA : 14/4/2024 9:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 32,175.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIALYSIS / DIALYZER	₹ 3,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,875.00
6	EQUIPMENT	₹ 9,750.00
7	GENERAL PROCEDURE	₹ 950.00
8	INJECTION CHARGES	₹ 200.00
9	LABORATORY	₹ 29,448.00
10	NURSING CHARGE	₹ 5,200.00
11	OPERATION THEATRE CHARGES	₹ 77,564.00
12	PHARMACY CHARGE	₹ 91,548.00
13	PROFESSIONAL TEAM FEES	₹ 82,500.00
14	RADIOLOGY	₹ 11,640.00
Gross Amount		₹ 350,000.00
Net Payable		₹ 350,000.00
Advance Amount		₹ 500,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 150,000.00

Received Amount in Words : Five Lakh Zero Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/04/2024	MMH/MH/RECH20240134	CARD	Advance Amount	400,000.00
2	17/04/2024	MMH/MH/RECH20240140	CARD	Advance Amount	100,000.00