

IN PATIENT SUMMARY BILL

UHID : MMH202475501

IP No : IP2024000792

Patient name : Mr.RAJKUMAR

Age : 43 Y 3 M 28 D/Male

Bill No : MMH/MH/IP202400750

Bill Date : 07/04/2024

DOA : 4/4/2024 1:39PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,500.00
3	DIET CHARGES	₹ 2,000.00
4	EQUIPMENT	₹ 34,750.00
5	INTENSIVIST CHARGES	₹ 9,000.00
6	LABORATORY	₹ 11,414.00
7	NURSING CHARGE	₹ 6,000.00
8	PHYSIOTHERAPY	₹ 2,800.00
9	PROFESSIONAL TEAM FEES	₹ 11,500.00
10	RADIOLOGY	₹ 2,650.00
11	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 103,964.00
Net Payable		₹ 103,964.00
Advance Amount		₹ 103,964.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Three Thousand Nine Hundred Sixty-Four 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'	CARD	Advance Amount	10,000.00
2	06/04/2024	MMH/MH/RECH2024012'	CARD	Advance Amount	50,000.00
3	07/04/2024	MMH/MH/RECH2024012'	CHEQUE	Advance Amount	8,777.00
4	07/04/2024	MMH/MH/RECH2024012'	CARD	Advance Amount	35,187.00