

IN PATIENT SUMMARY BILL

UHID : MMH202475593

IP No : IP2024000830

Patient name : Mr.VETHAPURIKANNAPASAWMY

Age : 76 Y 0 M 5 D/Male

Bill No : MMH/MH/IP202400815

Bill Date : 13/04/2024

DOA : 8/4/2024 4:48PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BALAMURUGAN.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,050.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
5	EQUIPMENT	₹ 2,950.00
6	GENERAL PROCEDURE	₹ 950.00
7	INJECTION CHARGES	₹ 680.00
8	LABORATORY	₹ 10,333.00
9	NURSING CHARGE	₹ 4,400.00
10	OPERATION THEATRE CHARGES	₹ 23,800.00
11	PHYSIOTHERAPY	₹ 2,500.00
12	PROFESSIONAL TEAM FEES	₹ 85,000.00
13	RADIOLOGY	₹ 3,155.00
Gross Amount		₹ 147,793.00
Net Payable		₹ 147,793.00
Advance Amount		₹ 71,936.00
Received Amount		₹ 75,857.00

Received Amount in Words : One Lakh Forty-Seven Thousand Seven Hundred Ninety-Three Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/04/2024	MMH/MH/RECH2024012	CASH	Advance Amount	30,000.00
2	12/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	40,000.00
3	13/04/2024	MMH/MH/RECH2024013	CHEQUE	Advance Amount	1,936.00
4	13/04/2024	MMH/MH/REDH2024079	CARD	Collected Amount	75,857.00