

IN PATIENT SUMMARY BILL

UHID : MMH202475614

IP No : IP2024001287

Patient name : Mr.SURYANARAYANAN M

Age : 77 Y 8 M 23 D/Male

Bill No : MMH/MH/IP202401229

Bill Date : 08/06/2024

DOA : 7/6/2024 5:58PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,775.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 4,500.00
6	GENERAL PROCEDURE	₹ 450.00
7	LABORATORY	₹ 8,526.00
8	NURSING CHARGE	₹ 1,200.00
9	OPERATION THEATRE CHARGES	₹ 4,000.00
10	PHYSIOTHERAPY	₹ 600.00
11	PROFESSIONAL TEAM FEES	₹ 13,500.00
12	RADIOLOGY	₹ 400.00
13	TRANSPORT	₹ 2,000.00
Gross Amount		₹ 42,926.00
Net Payable		₹ 42,926.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 22,926.00

Received Amount in Words : Forty-Two Thousand Nine Hundred Twenty-Six Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MH/RECH202402117	UPI	Advance Amount	20,000.00
2	6/8/2024	MMH/MH/REDH202412347	UPI	Collected Amount	22,926.00