

IN PATIENT SUMMARY BILL

UHID : MMH202475661

IP No : IP2024000848

Patient name : Mr.MURUGESAN N

Age : 65 Y 0 M 3 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400810

Bill Date : 13/04/2024

DOA : 10/4/2024 6:57PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 22,500.00
4	DIET CHARGES	₹ 1,500.00
5	EQUIPMENT	₹ 6,000.00
6	INTENSIVIST CHARGES	₹ 9,000.00
7	LABORATORY	₹ 4,876.00
8	NURSING CHARGE	₹ 6,000.00
9	PROFESSIONAL TEAM FEES	₹ 8,500.00
10	RADIOLOGY	₹ 16,400.00
Gross Amount		₹ 75,626.00
Net Payable		₹ 75,626.00
Advance Amount		₹ 36,013.00
Received Amount		₹ 39,613.00

Received Amount in Words : Seventy-Five Thousand Six Hundred
Twenty-Six Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/04/2024	MMH/MH/RECH2024013	UPI	Advance Amount	25,000.00
2	13/04/2024	MMH/MH/RECH2024013	CHEQUE	Advance Amount	11,013.00
3	13/04/2024	MMH/MH/REDH2024078	UPI	Collected Amount	39,613.00