

IN PATIENT SUMMARY BILL

UHID : MMH202476009

IP No : IP2024000921

Patient name : Mr.SURESH BABU.S

Age : 72 Y 8 M 8 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400874

Bill Date : 23/04/2024

DOA : 21/4/2024 9:45PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,350.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 3,000.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 13,647.00
8	NURSING CHARGE	₹ 2,800.00
9	PROFESSIONAL TEAM FEES	₹ 8,500.00
10	RADIOLOGY	₹ 3,550.00
Gross Amount		₹ 48,447.00
Net Payable		₹ 48,447.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,553.00

Received Amount in Words : Fifty Thousand Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/04/2024	MMH/MH/RECH20240141	CARD	Advance Amount	50,000.00