

IN PATIENT SUMMARY BILL

UHID : MMH202476428

IP No : IP2024001156

Patient name : Mr.RAMACHANDRAN T

Age : 81 Y 0 M 23 D/Male

Bill No : MMH/MH/IP202401135

Bill Date : 26/05/2024

DOA : 22/5/2024 11:36AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAY ALAGAPPAN S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,250.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	EQUIPMENT	₹ 400.00
6	INJECTION CHARGES	₹ 600.00
7	LABORATORY	₹ 13,536.00
8	MISCELLANEOUS	₹ 400.00
9	NURSING CHARGE	₹ 4,000.00
10	OPERATION THEATRE CHARGES	₹ 17,500.00
11	PROFESSIONAL TEAM FEES	₹ 34,500.00
12	RADIOLOGY	₹ 10,500.00
Gross Amount		₹ 107,336.00
Net Payable		₹ 107,336.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 82,336.00

Received Amount in Words : One Lakh Seven Thousand Three Hundred Thirty-Six Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	25,000.00
2	26/05/2024	MMH/MH/REDH2024112	CARD	Collected Amount	82,336.00