

IN PATIENT SUMMARY BILL

UHID : MHI202483884

IP No : IP2024001110

Patient name : Mr.GOPALAN R

Age : 65 Y 7 M 18 D/Male

Bill No : MMH/MH/IP202401073

Bill Date : 19/05/2024

DOA : 16/5/2024 1:24PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 2,150.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 5,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 11,981.00
8	NURSING CHARGE	₹ 9,400.00
9	OPERATION THEATRE CHARGES	₹ 7,350.00
10	PROFESSIONAL TEAM FEES	₹ 24,000.00
11	RADIOLOGY	₹ 1,000.00
Gross Amount		₹ 78,831.00
Net Payable		₹ 78,831.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 28,831.00

Received Amount in Words : Seventy-Eight Thousand Eight Hundred Thirty-One Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/05/2024	MMH/MH/RECH20240173	CASH	Advance Amount	50,000.00
2	19/05/2024	MMH/MH/REDH20241051	CASH	Collected Amount	28,831.00