

IN PATIENT SUMMARY BILL

UHID : MMH202476911

IP No : IP2024001423

Patient name : Dr.REGINALD J

Age : 79 Y 10 M 4 D/Male

Consultant Name : Dr.CM THIAGARAJAN

Bill No : MMH/MH/IP202401443

Bill Date : 05/07/2024

DOA : 25/6/2024 12:22PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 9,900.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 55,875.00
4	BLOOD COMPONENTS	₹ 5,100.00
5	DIALYSIS / DIALYZER	₹ 26,800.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 5,625.00
7	EQUIPMENT	₹ 105,350.00
8	GENERAL PROCEDURE	₹ 9,200.00
9	INTENSIVIST CHARGES	₹ 7,500.00
10	LABORATORY	₹ 84,626.00
11	MISCELLANEOUS	₹ 600.00
12	NURSING CHARGE	₹ 11,000.00
13	PROFESSIONAL TEAM FEES	₹ 25,000.00
14	RADIOLOGY	₹ 14,400.00
15	TRANSPORT	₹ 7,500.00

Gross Amount₹ 368,826.00

Net Payable₹ 368,826.00

Advance Amount₹ 200,000.00

Received Amount₹ 168,826.00

Received Amount in Words : Three Lakh Sixty-Eight Thousand Eight Hundred  
Twenty-Six Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/25/2024	MMH/MH/RECH202402354	CARD	Advance Amount	100,000.00
2	6/30/2024	MMH/MH/RECH202402431	CARD	Advance Amount	100,000.00
3	7/5/2024	MMH/MH/REDH202414385	CHEQUE	Collected Amount	50,027.00
4	7/5/2024	MMH/MH/REDH202414386	CARD	Collected Amount	118,799.00