

IN PATIENT SUMMARY BILL

UHID : MMH202477159

IP No : IP2024001149

Patient name : Mr.ARUNACHALAM J

Age : 59 Y 3 M 8 D/Male

Consultant Name : Dr.SUBRAMANIAM R

Bill No : MMH/MH/IP202401124

Bill Date : 25/05/2024

DOA : 21/5/2024 7:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,400.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 26,500.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 10,829.00
9	NURSING CHARGE	₹ 3,200.00
10	OPERATION THEATRE CHARGES	₹ 15,750.00
11	PROFESSIONAL TEAM FEES	₹ 37,000.00
12	RADIOLOGY	₹ 2,800.00
Gross Amount		₹ 105,029.00
Net Payable		₹ 105,029.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 25,029.00

Received Amount in Words : One Lakh Five Thousand Twenty-Nine Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/05/2024	MMH/MH/RECH2024018	CASH	Advance Amount	5,000.00
2	23/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	50,000.00
3	24/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	25,000.00
4	25/05/2024	MMH/MH/REDH2024112	CASH	Collected Amount	25,029.00