

IN PATIENT SUMMARY BILL

UHID : MMH202477440
 IP No : IP2024001279
 Patient name : Mr.SRINIVASAN K
 Age : 80 Y 11 M 23 D/Male
 Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401217
 Bill Date : 07/06/2024
 DOA : 6/6/2024 11:30AM
 DOD :
 Entity Type : CASH
 Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,250.00
3	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
4	DIET CHARGES	₹ 500.00
5	EQUIPMENT	₹ 4,000.00
6	GENERAL PROCEDURE	₹ 7,000.00
7	INJECTION CHARGES	₹ 200.00
8	INTENSIVIST CHARGES	₹ 4,500.00
9	LABORATORY	₹ 22,621.00
10	NURSING CHARGE	₹ 3,000.00
11	PROFESSIONAL TEAM FEES	₹ 8,000.00
12	RADIOLOGY	₹ 3,900.00
		₹ 81,321.00
		₹ 81,321.00
		₹ 40,000.00
		₹ 41,321.00

Received Amount in Words : Eighty-One Thousand Three Hundred Twenty-One Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/6/2024	MMH/MH/RECH202402091	UPI	Advance Amount	40,000.00
2	6/7/2024	MMH/MH/REDH202412220	CARD	Collected Amount	41,321.00