

IN PATIENT SUMMARY BILL

UHID : MMH202477536

IP No : IP2024001254

Patient name : Mr.SRINIVASAN R

Age : 57 Y 0 M 1 D/Male

Bill No : MMH/MH/IP202401194

Bill Date : 04/06/2024

DOA : 3/6/2024 9:53PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
4	EQUIPMENT	₹ 4,000.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 18,532.00
7	NURSING CHARGE	₹ 2,000.00
8	PROFESSIONAL TEAM FEES	₹ 6,000.00
9	RADIOLOGY	₹ 800.00
Gross Amount		₹ 58,182.00
Net Payable		₹ 58,182.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 8,182.00

Received Amount in Words : Fifty-Eight Thousand One Hundred Eighty-Two Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/06/2024	MMH/MH/RECH20240201	CASH	Advance Amount	50,000.00
2	04/06/2024	MMH/MH/REDH2024119	CARD	Collected Amount	8,182.00