

IN PATIENT SUMMARY BILL

UHID : MMH202477460

IP No : IP2024001232

Patient name : Mr.DESIKAN RAGHAVAN

Age : 61 Y 0 M 5 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401196

Bill Date : 04/06/2024

DOA : 1/6/2024 10:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 20,775.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 8,300.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 6,000.00
8	LABORATORY	₹ 20,258.00
9	NURSING CHARGE	₹ 5,200.00
10	PHYSIOTHERAPY	₹ 700.00
11	PROFESSIONAL TEAM FEES	₹ 10,000.00
12	RADIOLOGY	₹ 11,650.00
Gross Amount		₹ 86,358.00
Net Payable		₹ 86,358.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 6,358.00

Received Amount in Words : Eighty-Six Thousand Three Hundred Fifty-Eight Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/06/2024	MMH/MH/RECH2024020:	CARD	Advance Amount	50,000.00
2	04/06/2024	MMH/MH/RECH2024020:	CARD	Advance Amount	30,000.00
3	04/06/2024	MMH/MH/REDH2024119:	CHEQUE	Collected Amount	2,066.00
4	04/06/2024	MMH/MH/REDH2024119:	CARD	Collected Amount	4,292.00