

IN PATIENT SUMMARY BILL

UHID : MMH202477611

IP No : IP2024001273

Patient name : Mr.BASKARAN E

Age : 62 Y 11 M 25 D/Male

Consultant Name : Dr.RAMESH BABU

Bill No : MMH/MH/IP202401238

Bill Date : 10/06/2024

DOA : 5/6/2024 3:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 5,500.00 |
| 3 | DIALYSIS / DIALYZER | ₹ 6,100.00 |
| 4 | DIET CHARGES | ₹ 3,000.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 3,750.00 |
| 6 | EQUIPMENT | ₹ 1,500.00 |
| 7 | GENERAL PROCEDURE | ₹ 6,500.00 |
| 8 | LABORATORY | ₹ 13,767.00 |
| 9 | NURSING CHARGE | ₹ 4,000.00 |
| 10 | OPERATION THEATRE CHARGES | ₹ 8,700.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 38,000.00 |
| 12 | RADIOLOGY | ₹ 7,030.00 |
| Gross Amount | | ₹ 98,197.00 |
| Net Payable | | ₹ 98,197.00 |
| Advance Amount | | ₹ 71,000.00 |
| Received Amount | | ₹ 27,197.00 |

Received Amount in Words : Ninety-Eight Thousand One Hundred Ninety-Seven Only

KARTHICK.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 6/5/2024 | MMH/MH/RECH202402078 | UPI | Advance Amount | 10,000.00 |
| 2 | 6/7/2024 | MMH/MH/RECH202402112 | CASH | Advance Amount | 31,000.00 |
| 3 | 6/8/2024 | MMH/MH/RECH202402128 | CARD | Advance Amount | 30,000.00 |
| 4 | 6/10/2024 | MMH/MH/REDH202412450 | CARD | Collected Amount | 27,197.00 |