

IN PATIENT SUMMARY BILL

UHID : MMH202478471

IP No : IP2024001610

Patient name : Mr.RAJAMANI V

Age : 81 Y 1 M 8 D/Male

Bill No : MMH/MH/IP202401664

Bill Date : 01/08/2024

DOA : 17/7/2024 10:20PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ELAKIYA MATHIMARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 96,000.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	EQUIPMENT	₹ 212,650.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INTENSIVIST CHARGES	₹ 30,000.00
8	LABORATORY	₹ 98,300.00
9	NURSING CHARGE	₹ 24,000.00
10	OP CHARGES	₹ 2,000.00
11	PHYSIOTHERAPY	₹ 11,000.00
12	PROFESSIONAL TEAM FEES	₹ 91,680.00
13	RADIOLOGY	₹ 8,770.00
Gross Amount		₹ 580,000.00
Net Payable		₹ 580,000.00
Advance Amount		₹ 520,000.00
Received Amount		₹ 60,000.00

Received Amount in Words : Five Lakh Eighty Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/17/2024	MMH/MH/RECH202402711	CARD	Advance Amount	20,000.00
2	7/23/2024	MMH/MH/RECH202402796	CARD	Advance Amount	100,000.00
3	7/27/2024	MMH/MH/RECH202402859	CARD	Advance Amount	200,000.00
4	8/1/2024	MMH/MH/RECH202402961	CARD	Advance Amount	100,000.00
5	8/1/2024	MMH/MH/RECH202402962	CARD	Advance Amount	100,000.00
6	8/1/2024	MMH/MH/REDH202416838	CARD	Collected Amount	60,000.00