IN PATIENT SUMMARY BILL

UHID : MMH202478508 Bill No : MMH/MH/IP202401355

: 25/06/2024 : IP2024001420 Bill Date IP No

Patient name : Mr.VENUGOPAL M : 24/6/2024 8:20PM DOA

: 68 Y 11 M 23 D/Male DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.T.PALANIAPPAN

Amount			Description	S.No
350.00	₹		ADMINISTRATION CHARGES	1
7,500.00	₹		BED CHARGES	2
500.00	₹		DIET CHARGES	3
16,650.00	₹		EQUIPMENT	4
2,200.00	₹		GENERAL PROCEDURE	5
3,000.00	₹		INTENSIVIST CHARGES	6
22,676.00	₹		LABORATORY	7
2,000.00	₹		NURSING CHARGE	8
4,000.00	₹		PROFESSIONAL TEAM FEES	9
10,900.00	₹		RADIOLOGY	10
69,776.00	₹	Gross Amount		
69,776.00	₹	Net Payable		
50,000.00	₹	Advance Amount		
19 776 00	₹	Received Amount		

19,776.00 **Received Amount**

Received Amount in Words : Sixty-Nine Thousand Seven Hundred Seventy-Six Only SUDHA.M

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/24/2024	MMH/MH/RECH202402344	CARD	Advance Amount	50,000.00
2	6/25/2024	MMH/MH/REDH202413609	CHEQUE	Collected Amount	2,119.00
3	6/25/2024	MMH/MH/REDH202413610	CARD	Collected Amount	17,657.00