

IN PATIENT SUMMARY BILL

UHID : MMH202478743

IP No : IP2024001463

Patient name : Mr.LOKESHWARAN

Age : 25 Y 8 M 24 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401422

Bill Date : 02/07/2024

DOA : 30/6/2024 3:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,700.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 2,000.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 9,158.00
8	NURSING CHARGE	₹ 2,800.00
9	PROFESSIONAL TEAM FEES	₹ 9,000.00
10	RADIOLOGY	₹ 4,150.00
Gross Amount		₹ 44,408.00
Net Payable		₹ 44,408.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 5,592.00

Received Amount in Words : Fifty Thousand Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/30/2024	MMH/MH/RECH202402434	CARD	Advance Amount	30,000.00
2	7/1/2024	MMH/MH/RECH202402448	CARD	Advance Amount	20,000.00