

IN PATIENT SUMMARY BILL

UHID : MMH202479148

IP No : IP2024001549

Patient name : Dr.NANDKUMAR

Age : 70 Y 10 M 19 D/Male

Bill No : MMH/MH/IP202401545

Bill Date : 19/07/2024

DOA : 10/7/2024 9:50PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 67,950.00
3	BLOOD COMPONENTS	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 52,500.00
5	EQUIPMENT	₹ 20,000.00
6	GENERAL PROCEDURE	₹ 2,000.00
7	INJECTION CHARGES	₹ 680.00
8	LABORATORY	₹ 17,812.00
9	NURSING CHARGE	₹ 63,000.00
10	OPERATION THEATRE CHARGES	₹ 124,305.00
11	PHARMACY CHARGE	₹ 121,243.00
12	PROFESSIONAL TEAM FEES	₹ 710,000.00
13	RADIOLOGY	₹ 6,000.00
Tax Amount : 3,150.00		
Gross Amount		₹ 1,189,490.00
Net Payable		₹ 1,189,490.00
Advance Amount		₹ 472,344.00
Received Amount		₹ 717,146.00

Received Amount in Words : Eleven Lakh Eighty-Nine Thousand Four Hundred Ninety Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/18/2024	MMH/MH/RECH202402724	CASH	Advance Amount	200,000.00
2	7/20/2024	MMH/MH/RECH202402768	CARD	Advance Amount	200,000.00
3	7/20/2024	MMH/MH/RECH202402770	CARD	Advance Amount	50,000.00
4	7/20/2024	MMH/MH/REDH202415851	CARD	Collected Amount	62,050.00
5	7/20/2024	MMH/MH/RECH202402771	CARD	Advance Amount	10,000.00
6	7/20/2024	MMH/MH/REDH202415856	CARD	Collected Amount	115,000.00
7	7/20/2024	MMH/MH/REDH202415857	UPI	Collected Amount	30,000.00
8	7/22/2024	MMH/MH/RECH202402783	CARD	Advance Amount	12,344.00
9	7/22/2024	MMH/MH/REDH202415944	CARD	Collected Amount	25,000.00
10	7/22/2024	MMH/MH/REDH202415945	CASH	Collected Amount	485,096.00

S.No	Description	Amount
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