

IN PATIENT SUMMARY BILL

UHID : MHI202484889

IP No : IP2024001614

Patient name : Mr.K.VENKATESAN

Age : 67 Y 1 M 12 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401573

Bill Date : 22/07/2024

DOA : 18/7/2024 2:03PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,350.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 26,250.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 16,665.00
8	NURSING CHARGE	₹ 4,800.00
9	PHYSIOTHERAPY	₹ 3,400.00
10	PROFESSIONAL TEAM FEES	₹ 14,000.00
11	PULMONOLOGIST	₹ 1,500.00
Gross Amount		₹ 86,440.00
Net Payable		₹ 86,440.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 36,440.00

Received Amount in Words : Eighty-Six Thousand Four Hundred Forty Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/18/2024	MMH/MH/RECH202402717	CASH	Advance Amount	30,000.00
2	7/19/2024	MMH/MH/RECH202402736	CASH	Advance Amount	20,000.00
3	7/22/2024	MMH/MH/REDH202416000	CASH	Collected Amount	36,440.00