

IN PATIENT SUMMARY BILL

UHID : MMH202480058

IP No : IP2024001896

Patient name : Mr.KARTHIKEYAN T

Age : 46 Y 2 M 25 D/Male

Bill No : MMH/MH/IP202401859

Bill Date : 29/08/2024

DOA : 24/8/2024 1:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAY ALAGAPPAN S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,475.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 1,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
6	GENERAL PROCEEDURE	₹ 500.00
7	LABORATORY	₹ 2,004.00
8	NURSING CHARGE	₹ 4,400.00
9	OPERATION THEATRE CHARGES	₹ 7,650.00
10	PHYSIOTHERAPY	₹ 1,200.00
11	PROFESSIONAL TEAM FEES	₹ 30,550.00
12	RADIOLOGY	₹ 900.00
Gross Amount		₹ 78,154.00
Net Payable		₹ 78,154.00
Advance Amount		₹ 70,000.00
Received Amount		₹ 8,154.00

Received Amount in Words : Seventy-Eight Thousand One Hundred Fifty-Four Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/29/2024	MMH/MH/REDH202418937	CHEQUE	Collected Amount	2,396.00
2	8/24/2024	MMH/MH/RECH202403272	CARD	Advance Amount	30,000.00
3	8/28/2024	MMH/MH/RECH202403320	CARD	Advance Amount	40,000.00
4	8/29/2024	MMH/MH/REDH202418938	CARD	Collected Amount	5,758.00