

IN PATIENT SUMMARY BILL

UHID : MHI202485126

IP No : IP2024001781

Patient name : Mr.ARUNN THANIKACHALAM

Age : 44 Y 11 M 18 D/Male

Consultant Name : Dr.SAKTHIVEL

Bill No : MMH/MH/IP202401719

Bill Date : 10/08/2024

DOA : 9/8/2024 9:52AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,425.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 9,000.00
6	GENERAL PROCEEDURE	₹ 1,000.00
7	INJECTION CHARGES	₹ 400.00
8	LABORATORY	₹ 3,420.00
9	NURSING CHARGE	₹ 1,200.00
10	OPERATION THEATRE CHARGES	₹ 45,550.00
11	PROFESSIONAL TEAM FEES	₹ 147,000.00
Gross Amount		₹ 216,970.00
Net Payable		₹ 216,970.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 166,970.00

Received Amount in Words : Two Lakh Sixteen Thousand Nine Hundred Seventy Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/9/2024	MMH/MH/RECH202403060	CASH	Advance Amount	50,000.00
2	8/10/2024	MMH/MH/REDH202417508	CHEQUE	Collected Amount	1,646.00
3	8/10/2024	MMH/MH/REDH202417509	CASH	Collected Amount	165,324.00