

IN PATIENT SUMMARY BILL

UHID : MMH202480610

IP No : IP2024001827

Patient name : Mr.THYAGARAJAN K

Age : 55 Y 6 M 28 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401794

Bill Date : 21/08/2024

DOA : 15/8/2024 6:49PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,600.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	GENERAL PROCEEDURE	₹ 2,000.00
6	LABORATORY	₹ 26,991.00
7	NURSING CHARGE	₹ 4,800.00
8	OPERATION THEATRE CHARGES	₹ 5,350.00
9	PROFESSIONAL TEAM FEES	₹ 29,000.00
10	RADIOLOGY	₹ 3,555.00

Gross Amount₹ 83,646.00

Net Payable₹ 83,646.00

Advance Amount₹ 45,000.00

Received Amount₹ 38,646.00

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

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/15/2024	MMH/MH/RECH202403151	UPI	Advance Amount	10,000.00
2	8/16/2024	MMH/MH/RECH202403155	CARD	Advance Amount	25,000.00
3	8/20/2024	MMH/MH/RECH202403206	CARD	Advance Amount	8,000.00
4	8/20/2024	MMH/MH/RECH202403207	UPI	Advance Amount	2,000.00
5	8/21/2024	MMH/MH/REDH202418271	CHEQUE	Collected Amount	3,070.00
6	8/21/2024	MMH/MH/REDH202418272	CARD	Collected Amount	35,576.00