

IN PATIENT SUMMARY BILL

UHID : MMH202481379

IP No : IP2024002017

Patient name : Mr.DAMODARAN R

Age : 75 Y 0 M 2 D/Male

Consultant Name : Dr.SUBRAMANIYAM

Bill No : MMH/MH/IP202401955

Bill Date : 12/09/2024

DOA : 10/9/2024 11:50PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2               | BED CHARGES                 | ₹ 15,000.00 |
| 3               | DIET CHARGES                | ₹ 1,000.00  |
| 4               | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00  |
| 5               | EQUIPMENT                   | ₹ 2,000.00  |
| 6               | GENERAL PROCEEDURE          | ₹ 500.00    |
| 7               | INTENSIVIST CHARGES         | ₹ 6,000.00  |
| 8               | LABORATORY                  | ₹ 15,993.00 |
| 9               | NURSING CHARGE              | ₹ 4,000.00  |
| 10              | PROFESSIONAL TEAM FEES      | ₹ 10,500.00 |
| 11              | RADIOLOGY                   | ₹ 9,825.00  |
| Gross Amount    |                             | ₹ 66,668.00 |
| Net Payable     |                             | ₹ 66,668.00 |
| Advance Amount  |                             | ₹ 20,000.00 |
| Received Amount |                             | ₹ 46,668.00 |

Received Amount in Words : Sixty-Six Thousand Six Hundred Sixty-Eight Only

SUDHA  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1    | 9/12/2024    | MMH/MH/REDH202420061 | UPI          | Collected Amount | 1,668.00        |
| 2    | 9/10/2024    | MMH/MH/RECH202403520 | CARD         | Advance Amount   | 20,000.00       |
| 3    | 9/12/2024    | MMH/MH/REDH202420060 | CASH         | Collected Amount | 45,000.00       |