

IN PATIENT SUMMARY BILL

UHID : MMH202481485

IP No : IP2024002045

Patient name : Mr.SENTHIL

Age : 41 Y 5 M 28 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401990

Bill Date : 18/09/2024

DOA : 14/9/2024 10:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 20,500.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 3,000.00
6	INTENSIVIST CHARGES	₹ 6,000.00
7	LABORATORY	₹ 23,098.00
8	NURSING CHARGE	₹ 5,600.00
9	PROFESSIONAL TEAM FEES	₹ 12,000.00
10	RADIOLOGY	₹ 14,825.00
Gross Amount		₹ 89,373.00
Net Payable		₹ 89,373.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 39,373.00

Received Amount in Words : Eighty-Nine Thousand Three Hundred Seventy-Three Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/14/2024	MMH/MH/RECH202403584	CARD	Advance Amount	50,000.00
2	9/18/2024	MMH/MH/REDH202420568	CARD	Collected Amount	39,373.00