IN PATIENT SUMMARY BILL

UHID : MMH202481646 Bill No : MMH/MH/IP202402048

IP No : IP2024002092 Bill Date : 24/09/2024

Patient name : Mr.RAMAKRISHNAN.D DOA : 19/9/2024 10:25PM

Age : 48 Y 1 M 12 D/Male DOD

: Dr.VIJAYAKRISHNAN B

Entity Type : Corporate

Entity Name : SUNDARAM - CLAYTON DCD

LIMITED

| S.No | Description | | | Amount |
|------|-----------------------------|-----------------|---|------------|
| 1 | ADMINISTRATION CHARGES | | ₹ | 413.00 |
| 2 | BED CHARGES ₹ 1 | | | 19,250.00 |
| 3 | DIET CHARGES ₹ | | | 3,700.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | | ₹ | 3,750.00 |
| 5 | LABORATORY | | ₹ | 7,044.00 |
| 6 | NURSING CHARGE | | ₹ | 5,000.00 |
| 7 | OPERATION THEATRE CHARGES | | ₹ | 18,236.00 |
| 8 | PHARMACY CHARGE | | ₹ | 28,441.00 |
| 9 | PHYSIOTHERAPY | | ₹ | 1,800.00 |
| 10 | PROCEDURE CHARGES | | ₹ | 531.00 |
| 11 | PROFESSIONAL TEAM FEES | | ₹ | 25,000.00 |
| 12 | RADIOLOGY | | ₹ | 12,690.00 |
| | | Gross Amount | ₹ | 125,855.00 |
| | | Sanction Amount | ₹ | 125,855.00 |
| | | Net Payable | ₹ | 125,855.00 |
| | | Received Amount | ₹ | 0.00 |

Received Amount in Words : Zero Only SUDHA

Authorised Signature

Payment History

Consultant Name

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------|--------------|-------------|-----------------|
| 1 | | | | | |

| Medical Claim | Claim No | Sanction Amount |
|--------------------------------|--------------------------|-----------------|
| SUNDARAM - CLAYTON DCD LIMITED | SUNDARAM - CLAYTON DCD I | 125,855.00 |