## IN PATIENT SUMMARY BILL

| | | | | | |
|---|---|---|---|---|---|
| UHID | : | MHI202486313 | Bill No | : | MMH/MH/IP202402219 |
| IP No | : | IP2024002276 | Bill Date | : | 15/10/2024 |
| Patient name | : | Mr.CHENGALVARAYAN M | DOA | : | 13/10/2024 4:12PM |
| Age | : | 66 Y 2 M 29 D/Male | DOD | : | |
| | | | Entity Type | : | CASH |
| | | | Entity Name | : | CASH |
| Consultant Name | : | Dr.T.PALANIAPPAN | | | |

| S.No | Description | | Amount |
|---|---|---|---|
| 1 | ADMINISTRATION CHARGES | ₹ | 350.00 |
| 2 | BED CHARGES | ₹ | 15,000.00 |
| 3 | DIET CHARGES | ₹ | 1,500.00 |
| 4 | EQUIPMENT | ₹ | 9,050.00 |
| 5 | INTENSIVIST CHARGES | ₹ | 6,000.00 |
| 6 | LABORATORY | ₹ | 28,326.00 |
| 7 | NURSING CHARGE | ₹ | 4,000.00 |
| 8 | PROCEDURE CHARGES | ₹ | 2,000.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ | 17,000.00 |
| 10 | RADIOLOGY | ₹ | 8,250.00 |
| | **Gross Amount** | ₹ | **91,476.00** |
| | **Discount Amount** | ₹ | **5,000.00** |
| | **Net Payable** | ₹ | **86,476.00** |
| | **Advance Amount** | ₹ | **20,000.00** |
| | **Received Amount** | ₹ | **66,476.00** |

**Received Amount in Words** : Eighty-Six Thousand Four Hundred Seventy-Six Only

SUDHA
**Authorised Signature**

### Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|---|---|---|---|---|---|
| 1 | 10/15/2024 | MMH/MH/REDH202422644 | CHEQUE | Collected Amount | 1,673.00 |
| 2 | 10/13/2024 | MMH/MH/RECH202404021 | CARD | Advance Amount | 20,000.00 |
| 3 | 10/15/2024 | MMH/MH/REDH202422645 | CARD | Collected Amount | 64,803.00 |