

IN PATIENT SUMMARY BILL

UHID : MHC202468721

IP No : IPC2024001888

Patient name : Mr.MAHENDHIRAN

Age : 26 Y 0 M 3 D/Male

Consultant Name : Dr.SANKARLINGAM

Bill No : MMH/CM/IP202401864

Bill Date : 14/07/2024

DOA : 11/7/2024 6:06PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 250.00 |
| 2 | BED CHARGES | ₹ 5,550.00 |
| 3 | DIET CHARGES | ₹ 300.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00 |
| 5 | EQUIPMENT | ₹ 5,000.00 |
| 6 | GENERAL PROCEDURE | ₹ 230.00 |
| 7 | INFECTION CONTROL | ₹ 100.00 |
| 8 | LABORATORY | ₹ 6,410.00 |
| 9 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 10 | NURSING CHARGE | ₹ 750.00 |
| 11 | OPERATION THEATRE CHARGES | ₹ 15,000.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 29,100.00 |
| 13 | RADIOLOGY | ₹ 2,360.00 |
| Gross Amount | | ₹ 66,750.00 |
| Discount Amount | | ₹ 2,000.00 |
| Net Payable | | ₹ 64,750.00 |
| Advance Amount | | ₹ 30,000.00 |
| Received Amount | | ₹ 34,750.00 |

Received Amount in Words : Sixty-Four Thousand Seven Hundred Fifty Only

IMANUVEL
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|-----------------------|--------------|------------------|-----------------|
| 1 | 7/11/2024 | MMH/CM/RECAP202401449 | CASH | Advance Amount | 10,000.00 |
| 2 | 7/12/2024 | MMH/CM/RECAP202401459 | CASH | Advance Amount | 20,000.00 |
| 3 | 7/14/2024 | MMH/CM/RECBD202432247 | CASH | Collected Amount | 33,000.00 |
| 4 | 7/14/2024 | MMH/CM/RECBD202432248 | UPI | Collected Amount | 1,750.00 |