

IN PATIENT SUMMARY BILL

UHID : MHE202421771 Bill No : MMH/MV/IPE202400207
 IP No : IPE2024000201 Bill Date : 31/07/2024
 Patient name : Mr.RANGANATHAN DOA : 23/7/2024 7:29PM
 Age : 34 Y 0 M 8 D/Male DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.PARTHIBAN DURAISAMY

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 1,500.00
2	ADMINISTRATION CHARGES	₹ 200.00
3	BED CHARGES	₹ 6,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
5	EQUIPMENT	₹ 1,500.00
6	INTENSIVIST CHARGES	₹ 1,200.00
7	LABORATORY	₹ 1,544.00
8	NURSING CHARGE	₹ 1,200.00
9	OPERATION THEATRE CHARGES	₹ 2,500.00
10	PROCEDURE	₹ 826.00
11	PROFESSIONAL TEAM FEES	₹ 16,400.00
12	RADIOLOGY	₹ 8,920.00

Gross Amount	₹ 43,090.00
Discount Amount	₹ 11,392.00
Net Payable	₹ 31,698.00
Advance Amount	₹ 31,593.00
Received Amount	₹ 105.00

Received Amount in Words : Thirty-One Thousand Six Hundred Ninety-Eight Only

ELAKKIYA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/30/2024	MMH/MV/RECAP202400332	UPI	Advance Amount	31,593.00
2	7/31/2024	MMH/MV/RECBD202402492	UPI	Collected Amount	105.00