IN PATIENT SUMMARY BILL

UHID : MMH202472710 Bill No : MMH/MH/IP202400038

IP No : IP2024000018 Bill Date : 06/01/2024

Patient name Mr.MUTHU DOA : 3/1/2024 1:30PM

Age : 64 Y 0 M 3 D/Male DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.MANIKANDA PRABHU

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	3,300.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	500.00
5	DUTY MEDICAL OFFICER CHARGE	₹	2,100.00
6	GENERAL PROCEDURE	₹	900.00
7	INJECTION CHARGES	₹	200.00
8	LABORATORY	₹	14,684.00
9	NURSING CHARGE	₹	2,250.00
10	OPERATION THEATRE CHARGES	₹	3,850.00
11	PROFESSIONAL TEAM FEES	₹	30,000.00
12	RADIOLOGY	₹	400.00
13	ULTRASOUND	₹	2,000.00

 Gross Amount
 ₹
 61,034.00

 Net Payable
 ₹
 61,034.00

 Advance Amount
 ₹
 34,052.00

 Received Amount
 ₹
 26,982.00

Received Amount in Words : Sixty-One Thousand Thirty-Four Only DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/MH/RECH2024000	UPI	Advance Amount	5,000.00
2	03/01/2024	MMH/MH/RECH2024000	AFFORDPLAN	Advance Amount	25,000.00
3	06/01/2024	MMH/MH/RECH2024000	CHEQUE	Advance Amount	4,052.00
4	06/01/2024	MMH/MH/REDH2024004	AFFORDPLAN	Collected Amount	26,982.00