

IN PATIENT SUMMARY BILL

UHID : MH31550
IP No : IP2023002650
Patient name : Master.SARVESHWARAN A
Age : 5 Y 0 M 7 D/Male

Bill No : MMH/MH/IP00119
Bill Date : 12/12/2023
DOA : 5/12/2023 2:11PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.VIGNESH .M

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,900.00
4	EQUIPMENT	₹ 1,650.00
5	INJECTION CHARGES	₹ 211.00
6	LABORATORY	₹ 19,939.00
7	NURSING CHARGE	₹ 5,250.00
8	OPERATION THEATRE CHARGES	₹ 2,500.00
9	PROFESSIONAL TEAM FEES	₹ 14,500.00
10	RADIOLOGY	₹ 18,575.00
Gross Amount		₹ 82,175.00
Net Payable		₹ 82,175.00
Advance Amount		₹ 82,175.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Two Thousand One Hundred
Seventy-Five Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-05 14:14:34.553	MMH/MH/RECH00189	CASH	Advance Amount	5,000.00
2	2023-12-11 17:41:16.043	MMH/MH/RECH00277	UPI	Advance Amount	30,000.00
3	2023-12-12 12:03:28.463	MMH/MH/RECH00287	UPI	Advance Amount	30,000.00
4	2023-12-12 13:19:01.943	MMH/MH/RECH00290	CARD	Advance Amount	10,000.00
5	2023-12-12 13:19:01.946	MMH/MH/RECH00291	CASH	Advance Amount	7,175.00