

IN PATIENT SUMMARY BILL

UHID : MH43729

IP No : IP2024002217

Patient name : Mr.RAMESH SRINIVASAN

Age : 56 Y 0 M 3 D/Male

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202402160

Bill Date : 08/10/2024

DOA : 5/10/2024 11:53AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	EQUIPMENT	₹ 7,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 11,621.00
7	NURSING CHARGE	₹ 2,400.00
8	OPERATION THEATRE CHARGES	₹ 9,850.00
9	PROCEDURE CHARGES	₹ 1,500.00
10	PROFESSIONAL TEAM FEES	₹ 74,500.00
11	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 128,021.00
Net Payable		₹ 128,021.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 48,021.00

Received Amount in Words : One Lakh Twenty-Eight Thousand Twenty-One Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/8/2024	MMH/MH/REDH202422112	CHEQUE	Collected Amount	1,963.00
2	10/5/2024	MMH/MH/RECH202403909	CARD	Advance Amount	30,000.00
3	10/7/2024	MMH/MH/RECH202403939	CARD	Advance Amount	50,000.00
4	10/8/2024	MMH/MH/REDH202422113	CARD	Collected Amount	46,058.00