

IN PATIENT SUMMARY BILL

UHID : MH51641

IP No : IP2024001086

Patient name : Master.MONISH M

Age : 12 Y 3 M 29 D/Male

Consultant Name : Dr.VIGNESHWARAN P

Bill No : MMH/MH/IP202401040

Bill Date : 12/05/2024

DOA : 12/5/2024 7:41AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	INJECTION CHARGES	₹ 200.00
5	NURSING CHARGE	₹ 400.00
6	OPERATION THEATRE CHARGES	₹ 7,200.00
7	PROFESSIONAL TEAM FEES	₹ 19,000.00
8	RADIOLOGY	₹ 720.00
Gross Amount		₹ 30,345.00
Net Payable		₹ 30,345.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 10,345.00

Received Amount in Words : Thirty Thousand Three Hundred Forty-Five Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/05/2024	MMH/MH/RECH2024017	CASH	Advance Amount	20,000.00
2	12/05/2024	MMH/MH/REDH2024100	CASH	Collected Amount	10,345.00