

IN PATIENT SUMMARY BILL

UHID : MH52329

IP No : IP2024000837

Patient name : Mr.KUMAR E

Age : 51 Y 5 M 6 D/Male

Bill No : MMH/MH/IP202400785

Bill Date : 11/04/2024

DOA : 9/4/2024 9:20PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SHIVA KUMAR D

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,250.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	EQUIPMENT	₹ 3,000.00
5	INJECTION CHARGES	₹ 249.00
6	INTENSIVIST CHARGES	₹ 4,500.00
7	LABORATORY	₹ 2,801.00
8	NURSING CHARGE	₹ 3,000.00
9	OPERATION THEATRE CHARGES	₹ 7,850.00
10	PROFESSIONAL TEAM FEES	₹ 37,000.00
Gross Amount		₹ 71,000.00
Net Payable		₹ 71,000.00
Advance Amount		₹ 95,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 24,000.00

Received Amount in Words : Ninety-Five Thousand Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	50,000.00
2	11/04/2024	MMH/MH/RECH2024013	CARD	Advance Amount	45,000.00