IN PATIENT SUMMARY BILL

UHID : MH54621 Bill No : MMH/MH/IP202401878

: IP2024001931 : 31/08/2024 IP No Bill Date

Patient name : Mr.RAMADASS G : 30/8/2024 5:30AM DOA

DOD : 63 Y 4 M 10 D/Male Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.SUBRAMANIYAM

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	1,650.00
3	DUTY MEDICAL OFFICER CHARGE		₹	1,125.00
4	EQUIPMENT		₹	2,000.00
5	GENERAL PROCEEDURE		₹	1,000.00
6	LABORATORY		₹	2,205.00
7	NURSING CHARGE		₹	1,200.00
8	OPERATION THEATRE CHARGES		₹	7,350.00
9	PROFESSIONAL TEAM FEES		₹	40,000.00
		Gross Amount	₹	56,880.00
		Net Payable	₹	56,880.00
		Advance Amount	₹	30,000,00

₹ **Received Amount** 26,880.00

SUDHA

Received Amount in Words : Fifty-Six Thousand Eight Hundred Eighty Only **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/31/2024	MMH/MH/REDH202419108	CHEQUE	Collected Amount	5,628.00
2	8/30/2024	MMH/MH/RECH202403349	UPI	Advance Amount	30,000.00
3	8/31/2024	MMH/MH/REDH202419109	UPI	Collected Amount	21,252.00