

IN PATIENT SUMMARY BILL

UHID : MH58054

IP No : IP2024001803

Patient name : Mr.SRINIVASAN

Age : 64/Male

Bill No : MMH/MH/IP202401739

Bill Date : 13/08/2024

DOA : 13/8/2024 2:25AM

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	₹ 3,850.00
3	DIALYSIS / DIALYZER	₹ 2,600.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
6	EQUIPMENT	₹ 1,300.00
7	LABORATORY	₹ 5,386.00
8	NURSING CHARGE	₹ 800.00
9	PROFESSIONAL TEAM FEES	₹ 3,000.00
10	RADIOLOGY	₹ 1,000.00

Gross Amount₹19,536.00

Net Payable₹19,536.00

Advance Amount₹19,500.00

Received Amount₹36.00

Received Amount in Words : Nineteen Thousand Five Hundred Thirty-Six Only

KARTHICK

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/13/2024	MMH/MH/RECH202403119	CASH	Advance Amount	10,000.00
2	8/13/2024	MMH/MH/RECH202403128	UPI	Advance Amount	9,500.00
3	8/13/2024	MMH/MH/REDH202417721	UPI	Collected Amount	36.00