

IN PATIENT SUMMARY BILL

UHID : MH58357
IP No : IP2023002831
Patient name : Mr.SRINIVASAN S
Age : 64 Y 7 M 20 D/Male

Bill No : MMH/MH/IP00261
Bill Date : 30/12/2023
DOA : 29/12/2023 9:42AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ARUN KUMAR.I

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 5,000.00
5	LABORATORY	₹ 972.00
6	NURSING CHARGE	₹ 750.00
7	OPERATION THEATRE CHARGES	₹ 7,200.00
8	PHYSIOTHERAPY	₹ 600.00
9	PROFESSIONAL TEAM FEES	₹ 32,000.00
Gross Amount		₹ 51,772.00
Net Payable		₹ 51,772.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 21,772.00

Received Amount in Words : Fifty-One Thousand Seven Hundred
Seventy-Two Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/RECH00526	CARD	Advance Amount	30,000.00
2	30/12/2023	MMH/MH/REDH02773	CARD	Collected Amount	21,772.00