

IN PATIENT SUMMARY BILL

UHID : MHI202374944
IP No : IP2023002746
Patient name : Mr.PRABHAKARAN V A
Age : 61/Male

Bill No : MMH/MH/IP00194
Bill Date : 21/12/2023
DOA : 18/12/2023 3:33PM
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	₹ 14,700.00
3	DIALYSIS / DIALYZER	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,450.00
5	LABORATORY	₹ 3,120.00
6	NURSING CHARGE	₹ 2,625.00
7	OPERATION THEATRE CHARGES	₹ 8,875.00
8	PROFESSIONAL TEAM FEES	₹ 33,000.00
9	RADIOLOGY	₹ 3,400.00
10	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 72,020.00
Net Payable		₹ 72,020.00
Advance Amount		₹ 35,000.00
Received Amount		₹ 37,020.00

Received Amount in Words : Seventy-Two Thousand Twenty Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/MH/RECH00377	UPI	Advance Amount	10,000.00
2	21/12/2023	MMH/MH/RECH00430	AFFORDPLAN	Advance Amount	25,000.00
3	21/12/2023	MMH/MH/REDH02134	UPI	Collected Amount	37,020.00