

IN PATIENT SUMMARY BILL

UHID : MHI202378869

IP No : IP2024001912

Patient name : Mr.JAYANT CHANDULAL SHAH

Age : 64/Male

Bill No : MMH/MH/IP202401848

Bill Date : 28/08/2024

DOA : 27/8/2024 3:35PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	DIET CHARGES	₹ 500.00
4	EQUIPMENT	₹ 22,000.00
5	GENERAL PROCEEDURE	₹ 6,000.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 15,250.00
8	NURSING CHARGE	₹ 2,000.00
9	PROFESSIONAL TEAM FEES	₹ 10,000.00
10	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 68,600.00
Net Payable		₹ 68,600.00
Advance Amount		₹ 68,600.00
Received Amount		₹ 0.00

Received Amount in Words : Sixty-Eight Thousand Six Hundred Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/27/2024	MMH/MH/RECH202403309	CARD	Advance Amount	15,000.00
2	8/28/2024	MMH/MH/RECH202403315	CARD	Advance Amount	53,600.00