

IN PATIENT SUMMARY BILL

UHID	: MMH202371206	Bill No	: MMH/MH/IP00051
IP No	: IP2023002624	Bill Date	: 02/12/2023
Patient name	: Mr.YEAKUBUR RAHMAN	DOA	: 30/11/2023 9:31PM
Age	: 34 Y 0 M 11 D/Male	DOD	:
		Entity Type	: CASH
		Entity Name	: CASH
Consultant Name	: Dr.SUBRAMANIAM R		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	EQUIPMENT	₹ 1,500.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 650.00
8	NURSING CHARGE	₹ 1,500.00
9	OPERATION THEATRE CHARGES	₹ 4,750.00
10	PHARMACY CHARGE	₹ 8,850.00
11	PROFESSIONAL TEAM FEES	₹ 17,700.00
12	RADIOLOGY	₹ 400.00
Gross Amount		₹ 40,000.00
Net Payable		₹ 40,000.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 0.00

Received Amount in Words : Forty Thousand Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-02 11:50:04.240	MMH/MH/RECH00162	CASH	Advance Amount	6,000.00
2	2023-12-02 11:50:04.240	MMH/MH/RECH00163	UPI	Advance Amount	34,000.00