

IN PATIENT SUMMARY BILL

UHID : MMH202371323
IP No : IP2023002564
Patient name : Mr.BALAJI P
Age : 47 Y 2 M 0 D/Male

Bill No : MMH/MH/IP00049
Bill Date : 02/12/2023
DOA : 24/11/2023 6:38PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.BALAMURUGAN.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 22,000.00
3	DIET CHARGES	₹ 1,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,600.00
5	GENERAL PROCEDURE	₹ 3,950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 8,710.00
8	NURSING CHARGE	₹ 6,000.00
9	OPERATION THEATRE CHARGES	₹ 10,850.00
10	PHYSIOTHERAPY	₹ 5,400.00
11	PROFESSIONAL TEAM FEES	₹ 55,000.00
12	RADIOLOGY	₹ 5,100.00
13	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 126,460.00
Net Payable		₹ 126,460.00
Advance Amount		₹ 126,460.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Twenty-Six Thousand Four Hundred
Sixty Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-24 18:54:00.243	MMH/MH/RECH00049	CARD	Advance Amount	20,000.00
2	2023-11-25 13:30:39.350	MMH/MH/RECH00053	CARD	Advance Amount	60,000.00
3	2023-12-02 10:15:43.143	MMH/MH/RECH00160	CARD	Advance Amount	46,460.00