

IN PATIENT SUMMARY BILL

UHID : MMH202371446

IP No : IP2024001299

Patient name : Mr.RAMESH N

Age : 56 Y 9 M 2 D/Male

Consultant Name : Dr.YUVARAJ K

Bill No : MMH/MH/IP202401247

Bill Date : 11/06/2024

DOA : 9/6/2024 7:41PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 1,700.00
6	GENERAL PROCEDURE	₹ 2,000.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 3,864.00
9	NURSING CHARGE	₹ 1,600.00
10	OPERATION THEATRE CHARGES	₹ 13,000.00
11	PROFESSIONAL TEAM FEES	₹ 66,000.00
Gross Amount		₹ 99,114.00
Net Payable		₹ 99,114.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 69,114.00

Received Amount in Words : Ninety-Nine Thousand One Hundred Fourteen Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/9/2024	MMH/MH/RECH202402143	UPI	Advance Amount	10,000.00
2	6/10/2024	MMH/MH/RECH202402152	UPI	Advance Amount	20,000.00
3	6/11/2024	MMH/MH/REDH202412600	UPI	Collected Amount	69,114.00