

IN PATIENT SUMMARY BILL

UHID : MMH202371446

IP No : IP2024001537

Patient name : Mr.RAMESH N

Age : 56 Y 10 M 2 D/Male

Consultant Name : Dr.YUVARAJ K

Bill No : MMH/MH/IP202401471

Bill Date : 11/07/2024

DOA : 9/7/2024 1:37PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,875.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
4	EQUIPMENT	₹ 6,500.00
5	GENERAL PROCEDURE	₹ 2,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 2,200.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 16,000.00
10	PROFESSIONAL TEAM FEES	₹ 14,000.00
Gross Amount		₹ 52,000.00
Net Payable		₹ 52,000.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 22,000.00

Received Amount in Words : Fifty-Two Thousand Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/9/2024	MMH/MH/RECH202402560	UPI	Advance Amount	10,000.00
2	7/9/2024	MMH/MH/RECH202402562	UPI	Advance Amount	20,000.00
3	7/11/2024	MMH/MH/REDH202415069	CHEQUE	Collected Amount	3,472.00
4	7/11/2024	MMH/MH/REDH202415070	UPI	Collected Amount	18,528.00