

IN PATIENT SUMMARY BILL

UHID : MMH202371446

IP No : IP2024000047

Patient name : Mr.RAMESH N

Age : 56 Y 4 M 2 D/Male

Bill No : MMH/MH/IP202400084

Bill Date : 11/01/2024

DOA : 5/1/2024 9:19PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.YUVARAJ K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,100.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,850.00
5	EQUIPMENT	₹ 5,000.00
6	GENERAL PROCEDURE	₹ 950.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 6,912.00
9	NURSING CHARGE	₹ 4,125.00
10	OPERATION THEATRE CHARGES	₹ 37,375.00
11	PROFESSIONAL TEAM FEES	₹ 48,000.00
Gross Amount		₹ 131,862.00
Net Payable		₹ 131,862.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 51,862.00

Received Amount in Words : One Lakh Thirty-One Thousand Eight Hundred Sixty-Two Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/01/2024	MMH/MH/RECH20240008	AFFORDPLAN	Advance Amount	20,000.00
2	08/01/2024	MMH/MH/RECH20240008	UPI	Advance Amount	10,000.00
3	11/01/2024	MMH/MH/RECH20240013	CARD	Advance Amount	50,000.00
4	11/01/2024	MMH/MH/REDH20240074	AFFORDPLAN	Collected Amount	51,862.00