

IN PATIENT SUMMARY BILL

UHID : MMH202371865

IP No : IP2024001457

Patient name : Mr.MANICKAVASAGAM N

Age : 44 Y 5 M 16 D/Male

Consultant Name : Dr.SHIVA KUMAR D

Bill No : MMH/MH/IP202401409

Bill Date : 30/06/2024

DOA : 29/6/2024 2:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 26,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 1,618.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 7,500.00
9	PROFESSIONAL TEAM FEES	₹ 50,000.00
Gross Amount		₹ 88,818.00
Net Payable		₹ 88,818.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 38,818.00

Received Amount in Words : Eighty-Eight Thousand Eight Hundred Eighteen Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/29/2024	MMH/MH/RECH202402421	CASH	Advance Amount	50,000.00
2	6/30/2024	MMH/MH/REDH202414030	CASH	Collected Amount	15,000.00
3	6/30/2024	MMH/MH/REDH202414031	UPI	Collected Amount	23,818.00