

IN PATIENT SUMMARY BILL

UHID : MMH202371908
IP No : IP2023002707
Patient name : Mr.JANARTHANAN L
Age : 70 Y 2 M 25 D/Male

Bill No : MMH/MH/IP00139
Bill Date : 14/12/2023
DOA : 12/12/2023 12:44PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.RENGAN.R.S

| S.No | Description | Amount |
|-----------------|------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 15,000.00 |
| 3 | EQUIPMENT | ₹ 2,000.00 |
| 4 | GENERAL PROCEDURE | ₹ 2,000.00 |
| 5 | INTENSIVIST CHARGES | ₹ 6,000.00 |
| 6 | LABORATORY | ₹ 1,200.00 |
| 7 | NURSING CHARGE | ₹ 4,000.00 |
| 8 | PHYSIOTHERAPY | ₹ 700.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 9,000.00 |
| Gross Amount | | ₹ 40,250.00 |
| Net Payable | | ₹ 40,250.00 |
| Advance Amount | | ₹ 20,000.00 |
| Received Amount | | ₹ 20,250.00 |

Received Amount in Words : Forty Thousand Two Hundred Fifty Only

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|-------------------------|------------------|--------------|------------------|-----------------|
| 1 | 2023-12-14 16:39:47.226 | MMH/MH/REDH01575 | CARD | Collected Amount | 20,250.00 |