

IN PATIENT SUMMARY BILL

UHID : MMH202372160
IP No : IP2023002745
Patient name : Mr.MANIKANTAN R
Age : 84 Y 0 M 2 D/Male

Bill No : MMH/MH/IP00182
Bill Date : 20/12/2023
DOA : 18/12/2023 2:00PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.VASUDEVAN R

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	LABORATORY	₹ 7,422.00
5	NURSING CHARGE	₹ 1,500.00
6	OPERATION THEATRE CHARGES	₹ 5,000.00
7	PROFESSIONAL TEAM FEES	₹ 19,000.00
8	RADIOLOGY	₹ 1,610.00
9	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 43,782.00
Net Payable		₹ 43,782.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 18,782.00

Received Amount in Words : Forty-Three Thousand Seven Hundred
Eighty-Two Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/MH/RECH00376	CARD	Advance Amount	10,000.00
2	19/12/2023	MMH/MH/RECH00388	CARD	Advance Amount	15,000.00
3	20/12/2023	MMH/MH/REDH01997	CARD	Collected Amount	18,782.00