

IN PATIENT SUMMARY BILL

UHID	:	MMH202372208	Bill No	:	MMH/MH/IP00175
IP No	:	IP2023002752	Bill Date	:	19/12/2023
Patient name	:	Mr.SRIDHAR.K.P	DOA	:	18/12/2023 10:15PM
Age	:	71 Y 0 M 16 D/Male	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	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	GENERAL PROCEDURE	₹ 500.00
5	NURSING CHARGE	₹ 750.00
6	PROFESSIONAL TEAM FEES	₹ 4,000.00
Gross Amount		₹ 10,150.00
Net Payable		₹ 10,150.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 150.00

Received Amount in Words : Ten Thousand One Hundred Fifty 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/RECH00385	CARD	Advance Amount	10,000.00
2	19/12/2023	MMH/MH/REDH01941	CASH	Collected Amount	150.00