

IN PATIENT SUMMARY BILL

UHID : MMH202372222
IP No : IP2024000121
Patient name : Mr.AJAY SHANMUGA PRIYAN R
Age : 31 Y 5 M 13 D/Male

Bill No : MMH/MH/IP202400150
Bill Date : 22/01/2024
DOA : 18/1/2024 10:04AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.VISHNUBABU.G

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,800.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 450.00
6	LABORATORY	₹ 144.00
7	NURSING CHARGE	₹ 3,200.00
8	OPERATION THEATRE CHARGES	₹ 12,200.00
9	PROFESSIONAL TEAM FEES	₹ 26,000.00
Gross Amount		₹ 65,644.00
Net Payable		₹ 65,644.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 35,644.00

Received Amount in Words : Sixty-Five Thousand Six Hundred Forty-Four Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/01/2024	MMH/MH/RECH20240015	CARD	Advance Amount	30,000.00
2	22/01/2024	MMH/MH/REDH2024015	CHEQUE	Collected Amount	1,609.00
3	22/01/2024	MMH/MH/REDH2024015	CARD	Collected Amount	34,035.00