

IN PATIENT SUMMARY BILL

UHID : MMH202372446

IP No : IP2023002830

Patient name : Mr.SHAMEER S

Age : 20 Y 9 M 14 D/Male

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202400003

Bill Date : 01/01/2024

DOA : 29/12/2023 7:37AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,450.00
4	GENERAL PROCEDURE	₹ 950.00
5	INJECTION CHARGES	₹ 680.00
6	LABORATORY	₹ 7,609.00
7	NURSING CHARGE	₹ 2,625.00
8	OPERATION THEATRE CHARGES	₹ 28,100.00
9	PHYSIOTHERAPY	₹ 2,400.00
10	PROFESSIONAL TEAM FEES	₹ 67,000.00
11	RADIOLOGY	₹ 1,000.00
Gross Amount		₹ 127,864.00
Net Payable		₹ 127,864.00
Advance Amount		₹ 90,000.00
Received Amount		₹ 37,864.00

Received Amount in Words : One Lakh Twenty-Seven Thousand Eight Hundred Sixty-Four Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/RECH00525	UPI	Advance Amount	20,000.00
2	30/12/2023	MMH/MH/RECH00568	CARD	Advance Amount	70,000.00
3	01/01/2024	MMH/MH/REDH2024000	UPI	Collected Amount	37,864.00