

IN PATIENT SUMMARY BILL

UHID : MMH202372631

IP No : IP2023002833

Patient name : Mr.SRINIVASAN S

Age : 43 Y 6 M 12 D/Male

Bill No : MMH/MH/IP202400044

Bill Date : 07/01/2024

DOA : 29/12/2023 10:32AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAYAN.J

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 60,225.00
3	BLOOD COMPONENTS	₹ 2,100.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 6,650.00
6	GENERAL PROCEDURE	₹ 2,850.00
7	INJECTION CHARGES	₹ 1,400.00
8	LABORATORY	₹ 6,564.00
9	NURSING CHARGE	₹ 7,125.00
10	OPERATION THEATRE CHARGES	₹ 33,605.00
11	PHYSIOTHERAPY	₹ 4,200.00
12	PROFESSIONAL TEAM FEES	₹ 71,500.00
13	ULTRASOUND	₹ 2,000.00
Tax Amount : 2,145.00		
Gross Amount		₹ 201,214.00
Net Payable		₹ 201,214.00
Advance Amount		₹ 145,000.00
Received Amount		₹ 56,214.00

Received Amount in Words : Two Lakh One Thousand Two Hundred Fourteen Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/RECH00528	CARD	Advance Amount	7,000.00
2	29/12/2023	MMH/MH/RECH00529	CASH	Advance Amount	3,000.00
3	30/12/2023	MMH/MH/RECH00572	CARD	Advance Amount	50,000.00
4	02/01/2024	MMH/MH/RECH20240001	CARD	Advance Amount	50,000.00
5	05/01/2024	MMH/MH/RECH20240001	CARD	Advance Amount	35,000.00
6	07/01/2024	MMH/MH/REDH2024005	CHEQUE	Collected Amount	3,688.00
7	07/01/2024	MMH/MH/REDH2024005	CARD	Collected Amount	52,526.00