

IN PATIENT SUMMARY BILL

UHID : MMH202472716

IP No : IP2024001123

Patient name : Mr.MD NURHOSSAIN

Age : 49 Y 1 M 11 D/Male

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202401095

Bill Date : 22/05/2024

DOA : 18/5/2024 8:12AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,400.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 1,478.00
7	NURSING CHARGE	₹ 3,200.00
8	OPERATION THEATRE CHARGES	₹ 26,050.00
9	PHARMACY CHARGE	₹ 32,072.00
10	PHYSIOTHERAPY	₹ 500.00
11	PROFESSIONAL TEAM FEES	₹ 83,000.00
Gross Amount		₹ 157,000.00
Net Payable		₹ 157,000.00
Advance Amount		₹ 67,560.00
Received Amount		₹ 89,440.00

Received Amount in Words : One Lakh Fifty-Seven Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	2,560.00
2	19/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	45,000.00
3	22/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	20,000.00
4	23/05/2024	MMH/MH/REDH2024109	CARD	Collected Amount	30,000.00
5	23/05/2024	MMH/MH/REDH2024109	UPI	Collected Amount	50,000.00
6	23/05/2024	MMH/MH/REDH2024109	CASH	Collected Amount	9,440.00