

IN PATIENT SUMMARY BILL

UHID : MMH202473369

IP No : IP2024000401

Patient name : Mr.ELUMALAI.P.G

Age : 65 Y 9 M 5 D/Male

Bill No : MMH/MH/IP202400425

Bill Date : 25/02/2024

DOA : 21/2/2024 6:15AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.YUVARAJ K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 17,325.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
4	EQUIPMENT	₹ 2,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 3,708.00
7	NURSING CHARGE	₹ 3,600.00
8	OPERATION THEATRE CHARGES	₹ 15,450.00
9	PROFESSIONAL TEAM FEES	₹ 15,000.00
10	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 63,308.00
Net Payable		₹ 63,308.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 33,308.00

Received Amount in Words : Sixty-Three Thousand Three Hundred Eight Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/02/2024	MMH/MH/RECH2024006:	CARD	Advance Amount	10,000.00
2	21/02/2024	MMH/MH/RECH2024006:	CASH	Advance Amount	20,000.00
3	25/02/2024	MMH/MH/REDH2024041:	CASH	Collected Amount	33,308.00