

IN PATIENT SUMMARY BILL

UHID : MMH202473638

IP No : IP2024000305

Patient name : Mr.NARAYANAN P

Age : 80 Y 8 M 9 D/Male

Bill No : MMH/MH/IP202400306

Bill Date : 10/02/2024

DOA : 7/2/2024 6:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.GOVINDARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	BLOOD COMPONENTS	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 6,264.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 10,850.00
11	PROFESSIONAL FEES	₹ 7,000.00
Gross Amount		₹ 47,164.00
Net Payable		₹ 47,164.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 17,164.00

Received Amount in Words : Forty-Seven Thousand One Hundred Sixty-Four Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/02/2024	MMH/MH/RECH20240040	CARD	Advance Amount	30,000.00
2	10/02/2024	MMH/MH/REDH20240300	CARD	Collected Amount	17,164.00