

IN PATIENT SUMMARY BILL

UHID : MMH202475341

IP No : IP2024001478

Patient name : Master.MAHEENDAR C

Age : 14 Y 11 M 4 D/Male

Consultant Name : Dr.SUBRAMANIAM.S

Bill No : MMH/MH/IP202401430

Bill Date : 03/07/2024

DOA : 2/7/2024 11:11AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 132.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 12,300.00
7	PROFESSIONAL TEAM FEES	₹ 41,500.00
8	RADIOLOGY	₹ 660.00
Gross Amount		₹ 59,242.00
Net Payable		₹ 59,242.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 9,242.00

Received Amount in Words : Fifty-Nine Thousand Two Hundred Forty-Two Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/2/2024	MMH/MH/RECH202402460	CASH	Advance Amount	50,000.00
2	7/3/2024	MMH/MH/REDH202414285	CASH	Collected Amount	9,242.00