

IN PATIENT SUMMARY BILL

UHID : MMH202475341

IP No : IP2024000738

Patient name : Master.MAHEENDAR C

Age : 14 Y 8 M 1 D/Male

Consultant Name : Dr.SUBRAMANIYAM

Bill No : MMH/MH/IP202400688

Bill Date : 30/03/2024

DOA : 29/3/2024 10:01AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,125.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 264.00
7	NURSING CHARGE	₹ 1,200.00
8	OPERATION THEATRE CHARGES	₹ 16,700.00
9	PROFESSIONAL TEAM FEES	₹ 52,000.00
10	RADIOLOGY	₹ 660.00

Gross Amount₹77,124.00

Net Payable₹77,124.00

Advance Amount₹75,000.00

Received Amount₹2,124.00

Received Amount in Words : Seventy-Seven Thousand One Hundred
Twenty-Four Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/03/2024	MMH/MH/RECH2024011:	CARD	Advance Amount	0.00
2	29/03/2024	MMH/MH/RECH2024011:	CARD	Advance Amount	75,000.00
3	30/03/2024	MMH/MH/REDH2024068:	CASH	Collected Amount	2,124.00