

IN PATIENT SUMMARY BILL

UHID : MMH202475396

IP No : IP2024000753

Patient name : Mr.KARTHIKEYAN.R

Age : 29 Y 9 M 0 D/Male

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202400719

Bill Date : 03/04/2024

DOA : 31/3/2024 7:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 4,350.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 14,850.00
10	PHYSIOTHERAPY	₹ 1,000.00
11	PROFESSIONAL TEAM FEES	₹ 105,000.00
12	RADIOLOGY	₹ 1,555.00
Gross Amount		₹ 137,705.00
Net Payable		₹ 137,705.00
Advance Amount		₹ 75,000.00
Received Amount		₹ 62,705.00

Received Amount in Words : One Lakh Thirty-Seven Thousand Seven Hundred Five Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/03/2024	MMH/MH/RECH2024011'	UPI	Advance Amount	75,000.00
2	03/04/2024	MMH/MH/REDH2024071'	CARD	Collected Amount	62,705.00