

IN PATIENT SUMMARY BILL

UHID : MMH202475473

IP No : IP2024000793

Patient name : Mr.SURESH S

Age : 49 Y 0 M 2 D/Male

Bill No : MMH/MH/IP202400741

Bill Date : 05/04/2024

DOA : 4/4/2024 2:40PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.MANIKANDA PRABHU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	GENERAL PROCEDURE	₹ 500.00
5	INJECTION CHARGES	₹ 200.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 7,500.00
8	PROFESSIONAL TEAM FEES	₹ 68,000.00
Gross Amount		₹ 79,200.00
Net Payable		₹ 79,200.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 29,200.00

Received Amount in Words : Seventy-Nine Thousand Two Hundred Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/04/2024	MMH/MH/RECH2024012	CARD	Advance Amount	50,000.00
2	05/04/2024	MMH/MH/REDH2024072	CARD	Collected Amount	29,200.00