

IN PATIENT SUMMARY BILL

UHID : MMH202475516

IP No : IP2024000799

Patient name : Mr.CHRISTOPER C

Age : 53 Y 0 M 4 D/Male

Consultant Name : Dr.VIGNESH. R

Bill No : MMH/MH/IP202400767

Bill Date : 09/04/2024

DOA : 5/4/2024 10:57AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	EQUIPMENT	₹ 2,000.00
5	INJECTION CHARGES	₹ 210.00
6	LABORATORY	₹ 144.00
7	NURSING CHARGE	₹ 1,200.00
8	OPERATION THEATRE CHARGES	₹ 16,600.00
9	PHARMACY CHARGE	₹ 8,786.00
10	PROFESSIONAL TEAM FEES	₹ 42,500.00
Gross Amount		₹ 79,215.00
Net Payable		₹ 79,215.00
Advance Amount		₹ 82,655.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,440.00

Received Amount in Words : Eighty-Two Thousand Six Hundred Fifty-Five Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/04/2024	MMH/MH/RECH2024012	CASH	Advance Amount	5,000.00
2	06/04/2024	MMH/MH/RECH2024012	UPI	Advance Amount	77,655.00