

IN PATIENT SUMMARY BILL

UHID : MHM202404460

IP No : IP2024001171

Patient name : Mr.SRIRAMULU NAIDU G

Age : 74 Y 7 M 11 D/Male

Bill No : MMH/MH/IP202401120

Bill Date : 25/05/2024

DOA : 24/5/2024 10:16AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARAVIND.M

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	EQUIPMENT	₹ 1,500.00
4	GENERAL PROCEDURE	₹ 500.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 9,639.00
7	NURSING CHARGE	₹ 2,000.00
8	PHYSIOTHERAPY	₹ 700.00
9	PROFESSIONAL TEAM FEES	₹ 6,000.00
10	RADIOLOGY	₹ 14,800.00

Gross Amount₹ 45,989.00

Net Payable₹ 45,989.00

Advance Amount₹ 30,000.00

Received Amount₹ 15,989.00

Received Amount in Words : Forty-Five Thousand Nine Hundred Eighty-Nine Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/05/2024	MMH/MH/RECH20240181	CARD	Advance Amount	30,000.00
2	25/05/2024	MMH/MH/REDH20241111	CARD	Collected Amount	15,989.00