

IN PATIENT SUMMARY BILL

UHID : MMH202476060

IP No : IP2024000929

Patient name : Mr.BALAKUMARAN P

Age : 57 Y 3 M 25 D/Male

Bill No : MMH/MH/IP202400883

Bill Date : 24/04/2024

DOA : 22/4/2024 10:29PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RENGAN R.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 9,482.00
5	NURSING CHARGE	₹ 1,600.00
6	OPERATION THEATRE CHARGES	₹ 5,000.00
7	PROFESSIONAL TEAM FEES	₹ 37,000.00
8	RADIOLOGY	₹ 5,000.00
Gross Amount		₹ 69,832.00
Net Payable		₹ 69,832.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 64,832.00

Received Amount in Words : Sixty-Nine Thousand Eight Hundred
Thirty-Two Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/04/2024	MMH/MH/RECH20240140	UPI	Advance Amount	5,000.00
2	24/04/2024	MMH/MH/REDH20240860	CASH	Collected Amount	64,832.00