

IN PATIENT SUMMARY BILL

UHID : MMH202475894

IP No : IP2024000901

Patient name : Mr.ARUN KUMAR R

Age : 37 Y 2 M 6 D/Male

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202400882

Bill Date : 24/04/2024

DOA : 18/4/2024 8:47PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 29,700.00
3	DIET CHARGES	₹ 3,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 32,330.00
8	NURSING CHARGE	₹ 4,800.00
9	OPERATION THEATRE CHARGES	₹ 27,050.00
10	PHYSIOTHERAPY	₹ 3,000.00
11	PROFESSIONAL TEAM FEES	₹ 78,500.00
12	RADIOLOGY	₹ 5,720.00
13	TRANSPORT	₹ 1,500.00
Gross Amount		₹ 192,100.00
Net Payable		₹ 192,100.00
Advance Amount		₹ 150,000.00
Received Amount		₹ 42,100.00

Received Amount in Words : One Lakh Ninety-Two Thousand One Hundred Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/04/2024	MMH/MH/RECH2024014:	CARD	Advance Amount	20,000.00
2	19/04/2024	MMH/MH/RECH2024014:	CARD	Advance Amount	30,000.00
3	20/04/2024	MMH/MH/RECH2024014:	CARD	Advance Amount	50,000.00
4	24/04/2024	MMH/MH/RECH2024014:	CARD	Advance Amount	50,000.00
5	24/04/2024	MMH/MH/REDH2024086:	CARD	Collected Amount	42,100.00