## IN PATIENT SUMMARY BILL

UHID : MMH202476033 Bill No : MMH/MH/IP202400888

IP No : IP2024000924 Bill Date : 25/04/2024

Patient name : Mr.DILLI GANESH D DOA : 22/4/2024 1:00PM

Age : 40 Y 3 M 14 D/Male DOD

Entity Type : CASH Entity Name : CASH

Consultant Name : Dr.VIJAYAN.J

| S.No | Description                 |   | Amount    |
|------|-----------------------------|---|-----------|
| 1    | ADMINISTRATION CHARGES      | ₹ | 350.00    |
| 2    | BED CHARGES                 | ₹ | 3,300.00  |
| 3    | DIET CHARGES                | ₹ | 2,300.00  |
| 4    | DUTY MEDICAL OFFICER CHARGE | ₹ | 2,250.00  |
| 5    | GENERAL PROCEDURE           | ₹ | 500.00    |
| 6    | INJECTION CHARGES           | ₹ | 208.00    |
| 7    | LABORATORY                  | ₹ | 8,895.00  |
| 8    | NURSING CHARGE              | ₹ | 2,400.00  |
| 9    | OPERATION THEATRE CHARGES   | ₹ | 10,050.00 |
| 10   | PROFESSIONAL TEAM FEES      | ₹ | 39,000.00 |
| 11   | RADIOLOGY                   | ₹ | 8,925.00  |

 Gross Amount
 ₹
 78,178.00

 Net Payable
 ₹
 78,178.00

 Advance Amount
 ₹
 40,000.00

 Received Amount
 ₹
 38,178.00

Received Amount in Words : Seventy-Eight Thousand One Hundred KARTHIK C

Seventy-Eight Only Authorised Signature

## **Payment History**

| S.No | Receipt Date | Receipt Code       | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1    | 22/04/2024   | MMH/MH/RECH2024014 | CASH         | Advance Amount   | 40,000.00       |
| 2    | 25/04/2024   | MMH/MH/REDH2024087 | CHEQUE       | Collected Amount | 1,028.00        |
| 3    | 25/04/2024   | MMH/MH/REDH2024087 | CARD         | Collected Amount | 28,000.00       |
| 4    | 25/04/2024   | MMH/MH/REDH2024087 | CASH         | Collected Amount | 9,150.00        |