

IN PATIENT SUMMARY BILL

UHID : MHP202400703

IP No : IP2024000944

Patient name : Mr.BARATHWAJ L M

Age : 15 Y 10 M 16 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202400905

Bill Date : 27/04/2024

DOA : 24/4/2024 2:37PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 9,350.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 9,389.00
7	NURSING CHARGE	₹ 3,600.00
8	OP CHARGES	₹ 500.00
9	PROFESSIONAL TEAM FEES	₹ 15,000.00
10	RADIOLOGY	₹ 8,650.00
Gross Amount		₹ 61,039.00
Net Payable		₹ 61,039.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 21,039.00

Received Amount in Words : Sixty-One Thousand Thirty-Nine Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	20,000.00
2	25/04/2024	MMH/MH/RECH2024014	UPI	Advance Amount	2,000.00
3	25/04/2024	MMH/MH/RECH2024014	CASH	Advance Amount	18,000.00
4	27/04/2024	MMH/MH/REDH2024088	UPI	Collected Amount	8,000.00
5	27/04/2024	MMH/MH/REDH2024088	CASH	Collected Amount	13,039.00